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Intended to provide administrators with information valuable in planning school involvement with the emotionally disturbed the text presents suggestions to a variety of questions on this subject. Questions on the nature and importance of the problem focus on emotional disorder, its relationship to behavior and achievement, and incidence, while questions on theoretical orientations concern the value of theories, adaptation and coping, and learning processes. Aspects of prevention and reduction considered are the worth of success experiences, the effects of high anxiety punishment, and proper placement and remedial teaching. Descriptions of critical issues include the influence and number of school personnel, the school role in prevention, teacher training, educational programming, parent change, special classes and services, school and community responsibility, program evaluation, and remission. Recommendations are made for program development. Appendixes include a description of project activities, a letter of confirmation, reports of field investigations, and advisory committee comments. (RJ)

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PREVENTION AND REDUCTION OF EMOTIONAL DISORDER IN PUPILS*

(A theory and its immediate
application to practices
in the Columbus, Ohio
Public Schools)

BY

COLUMBUS
PUBLIC
SCHOOLS

DEPARTMENT OF PROGRAM PLANNING
COLUMBUS, OHIO

EC004003E

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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PREVENTION AND REDUCTION OF EMOTIONAL DISORDER IN PUPILS*

(A theory and its immediate
application to practices
in the Columbus, Ohio
Public Schools)

BY

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Harold H. Eibling,
Superintendent

June, 1968

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*The report of a study conducted between April 1, 1968 and June 28, 1968, under an ESEA Title VI grant of the Division of Special Education, Ohio Department of Education.

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TO THE READER

Programs and services of large city school systems across the country are being carefully examined by parents and citizens who are genuinely concerned about traditional educational efforts.

Schools may choose to ignore the wishes of the people they serve or submit uncritically to demands with little comment. The Columbus Public Schools continue to join with other dynamic school systems in enthusiastically adding professional leadership to current community desires for increased educational effectiveness.

One facet of professional leadership takes the form of planning for the future. Sound planning contributes invaluable ideas, information, and suggestions to leaders involved in school program development.

This report represents an effort on the part of school personnel to develop a comprehensive plan designed to increase the school's ability to prevent and reduce emotional disorders in all pupils. It is believed that the reader will be stimulated by the ideas presented and that the recommendations will contribute substantially to program development in the very near future.

HAROLD H. EIBLING
Superintendent
Columbus Public Schools
Columbus, Ohio

PREFACE

The Columbus Public Schools welcome support for their continual efforts to increase programs and services directly influencing the emotional development of children.

There are indications that public support for refinement and enlargement of such efforts is growing. Parents of emotionally disturbed children have recently demonstrated an awareness of current limitations in facilities not only in the schools, but also in the community. This Spring, a civic group met several times in a local mental health agency to discuss an increase in total community effort to prevent and reduce emotional disturbance in children.

Mental health professionals in public and private service in the community also have increased their efforts to help schools acquire more resources in this area of functioning.

This report attempts to provide administrators in the Columbus Public Schools with information that will be of value in planning for increased school involvement with the emotional development of children. Such information has been gathered from the literature and from conversations with authoritative professionals engaged in the education of the emotionally disturbed. The thirteen-weeks study culminating in this report was made possible through an ESEA Title VI grant administered through the Division of Special Education, Ohio Department of Education.

The Advisory Committee members served the study by identifying major problems, giving guidance, and engaging in careful scrutiny of this report. The quality of the study has been immeasurably enhanced by the contributions of the Committee.

Acknowledgement is gratefully made to the following professionals who found the time to share their insights in discussion with the writer:

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Special acknowledgement is made to Mr. F. P. Gross of the Division of Special Education, Ohio Department of Education, who gave many hours as a major resource for this study.

The writer is appreciative of the efforts of staff members in the Philadelphia, Milwaukee, St. Louis, Toledo, and Indianapolis public school systems for literature provided. Officials in the state departments of education of New York, Pennsylvania, California, and Michigan also made valuable materials contributions. Dr. Frank M. Hewett and Dr. Herbert C. Quay shared materials generously.

The task assumed in this study was formidable and perhaps too broad for a short-term investigation. Because of this probability, it is inevitable that mental health specialists will sense that too many unsubstantiated generalizations have been made. On the other hand, many educators may feel that the emphasis on the need for a conceptual orientation for program development has been superfluous. It is the writer's conviction, however, that some approach to conceptualization in program development is necessary in order to increase the chances that pupils will be helped significantly.

It is hoped that this report will encourage further theorizing and planning. It is not intended as a finished statement.

This report is in no way intended as an evaluation of the current programs and services of the Columbus Public Schools. The writer, as a member of the school staff, is only too aware of the intensive efforts made by the school system to engage in innovation, while at the same time maintain the quality of services and programs to keep up with the rapidly growing pupil population of the city. Not only have there been many experimental and demonstration projects undertaken through out-of-system funding, but pupil services and curriculum departments have expanded and refined their services considerably within the limits of current financial support. The present report offers guidelines for even greater efforts to meet the needs of all children in Columbus.

The writer is extremely grateful to the members of the Advisory Committee and to the resource personnel listed above. It should be recognized, however, that the writer bears the major responsibility for the content and form of this report; deficiencies found by the reader should in no way be attributed to anyone other than the writer.

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Department of Program Planning
Division of Special Services
Columbus Public Schools

June 28, 1968

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ABSTRACT

The Columbus Public Schools are being encouraged by civic groups and mental health leaders in the community to actively seek more resources in order to increase the effectiveness of the schools in preventing and reducing emotional disturbance. This report is written in the belief that school efforts related to the emotional development of children can be most effectively developed within the context of a single conceptual framework.

It is shown in this paper that a pupil's subjective feeling of competence is of great relevance to the development of emotional maturity. Children who experience a favorable success/failure ratio tend to feel competent. Such a feeling generally leads to comfortable levels of anxiety, realistic thought processes, socially acceptable behavioral skills, and an achievement orientation towards school.

The community that allows its school system to provide teachers with much information about pupil abilities, to present pupils with a wide array of specialized curriculums, and to make maximum efforts to strengthen pupil weaknesses, benefits directly from an increased emotional stability among its young people. The school system that is forced to ask teachers to guess about pupil abilities, that must allow obvious pupil weakness to go unremedied, and that must require pupils to face academic challenges far beyond their abilities, unwillingly contributes to the increase of emotional disorder in children with various forms of learning handicaps.

Early identification of pupils needing specialized curriculums and remedial help is seen as being of utmost importance in preventing emotional casualties among pupils. Early identification is wasted, however, in the school system that lacks available placement and remediation facilities.

The community-at-large is felt to be responsible for providing support for both schools and other agencies. The school is thus responsible for the education of emotionally disturbed pupils up to the limit of the facilities allowed by community support. When pupils cannot be helped by existing public-school programs and services, or when pupils become excessively disruptive, the school must declare such pupils currently "uneducable" and make appropriate referrals to community agencies functioning to reduce emotional disorder. The community-at-large that fails to support both its schools and other agencies must suffer the consequences in terms of wasted human potential, eventual expensive custodial care, and the depredations of the delinquent and anti-social population it has allowed to develop.

It is emphasized that teachers are only human and exhibit the wide range of personality differences existing in the normal adult population. The critic of education is being unreasonable when he judges any teacher deviation from personality perfection as a major defect. While basic personality patterns of teachers (as normal adults) may be resistant to the impact of teacher training activities, it is strongly felt that an increase of insights, individual instruction skills, and behavioral management abilities is possible. Teachers in the classroom, as well as teachers of emotionally disturbed children, can benefit substantially from participating in an ongoing program of inservice and college education training activities in these areas, thereby improving their influence on the emotional development of children.

Prevention of emotional disturbance is viewed as primarily the task of the regular and specialized classroom teacher. Support for teachers must be given by highly trained school specialists functioning to provide remediation, pupil information, and ease management services.

Individualized training in the form of academic, social, and behavioral programming is found to be the best approach for effecting reduction of emotional disorder. While mild disorders may be handled through individualizing attention in the regular classroom and special curriculum classroom, moderate disorders often respond only to more carefully planned efforts. The special day class for moderately emotionally disturbed pupils is seen as a recent addition to many possible programs and services that may be used to develop the most effective, appropriate combination of pupil experiences necessary to reduce moderate levels of emotional disturbance.

It is suggested that the school engaging in innovative efforts to reduce emotional disturbance should adopt a research attitude and provide the necessary research technology when initiating and developing new programs. Very little objective evidence was found in the study regarding the value of one approach over another. All school systems across the nation are engaged in either experimental efforts or are making only token efforts that may be classed as simply pupil maintenance programs.

Current research efforts by the Columbus Public Schools may be funded generously by State and Federal programs; schools that approach the education of the emotionally disturbed on this basis stand a good chance of doing so with minimal cost to themselves.

Community agencies and independent professionals are felt to play an important supportive role in school efforts to reduce moderate levels of emotional disturbance in individual pupils. Agencies and professionals in the community are viewed as bearing the primary responsibility of treating the severely disordered and disturbed pupil, and in turn deserve the support of school services when possible.

Recommendations evolving from this study suggest that the Columbus Public Schools consider:

1. Adopting a theoretical approach to prevention and reduction of emotional disorder in pupils.

2. Increasing both the remedial and the placement opportunities for all pupils.

3. Emphasing the importance of school practices on the emotional development of pupils.

4. Adopting a research-strategy attitude towards innovations.

5. Increasing efforts to seek out-of-system funding for experimental and demonstration projects.

6. Encouraging school and college staff members to engage in carefully supervised experimentation involving Columbus pupils, parents, and teachers.

7. Immediate assignment of qualified school personnel to explore, plan, and seek funding relative to such innovative educational practices as:

    (a) the development of a child-supervision practices booklet,
    (b) the use of para-professional helpers in various areas,
    (c) ungraded school organizations,
    (d) nursery-school programs for two- and three-year olds,
    (e) alternative techniques to take the place of high anxiety-producing punishments,
    (f) expansion of programs for the non-academically oriented adolescent,
    (g) involvement of adolescents in community development projects, and
    (h) development of an instructional materials center for various learning disability programs.

8. Immediate assignment of a qualified staff member to study, plan, and seek funding for the pilot phase of a Diagnostic and Programming Center to eventually serve the Columbus metropolitan area.

9. Opening of a new experimental day school for moderately emotionally disturbed pupils.
10. Offering educational service to residential treatment centers that are able to create conditions for academic learning.
11. Increasing emphasis on pupil services functions.

The cost of implementing the non-funded recommendations of this study is unknown. It is suggested that the Advisory Committee serving this study be reconvened in early August to develop an estimate of costs for recommendations approved as desirable by officers of the Board of Education.

INTRODUCTION

Increased interest in the emotional development of children today may be found among many citizens concerned about the broad social problems facing our nation.

The interest of mental health leaders in the community with school influences on children comes from a philosophical trend stretching back to the turn of the century. Leaders such as Freud, Binet, G. S. Hall, Beers and Healy emerged and gave direction to social thinking, resulting in legislation encouraging the schools to assume the task of educating children previously classed as "uneducable." Reference to the pamphlet *Special Education in Ohio Schools* (see following page) permits the noting of the trend in legislation in Ohio:

1907--Day school programs for deaf and hard of hearing

1913--Day school programs for visually handicapped

1919--Day school programs for orthopedically handicapped

1945--Speech therapy legislation

1945--Day school programs for slow learners

1953--School program at Bellefaire Center for *severely emotionally disturbed* children begun

1955--Pupil services professionals began to appear in Ohio schools in significant numbers

1959--Programs for gifted pupils encouraged

1960--Individual services (diagnosis, tutoring, transportation) expanded

1962--Day school programs for neurologically handicapped pupils begun

1962--Day school programs for *moderately emotionally disturbed* children given financial support and encouraged

The increase in school services for children previously declared uneducable has taken place within the context of the increasing sophistication of mental health specialists who view the "milieu"

Special Education in Ohio Schools

STATE BOARD OF EDUCATION
OHIO

State Department of Education
DIVISION OF SPECIAL EDUCATION
Columbus, Ohio
1968

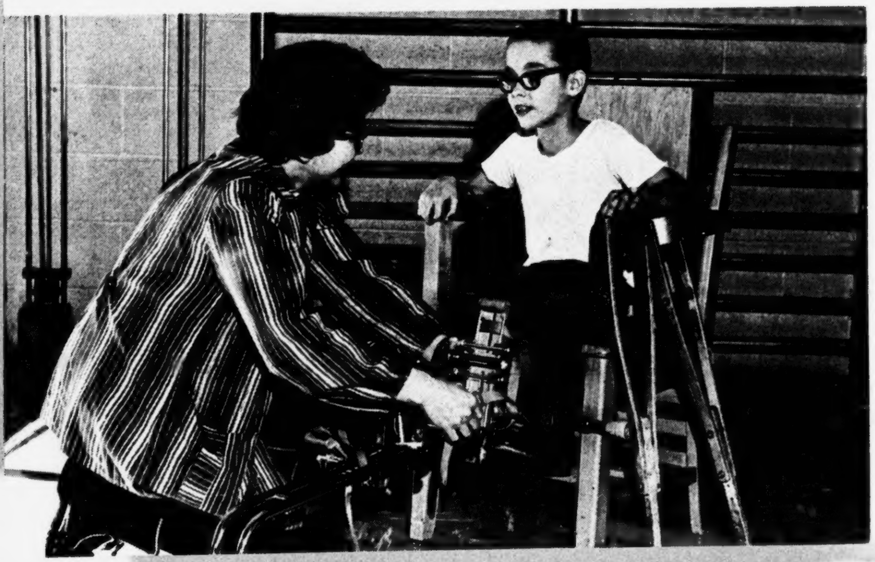
SPECIAL EDUCATION SERVICES IN OHIO SCHOOLS

The Division of Special Education provides services to school districts in initiating, maintaining and improving instructional programs and professional services for exceptional children. These programs include special classes for deaf, hard of hearing, blind, partially seeing, crippled, neurologically handicapped, slow learning and emotionally handicapped children.

School districts are assisted in providing home instruction, transportation and other supplementary services for physically and emotionally handicapped children. Minimum standards for these programs are adopted by the State Board of Education.

Consultant, research and leadership services are provided for school districts in developing optimum programs for both handicapped and gifted children. The districts are encouraged to develop and maintain speech and hearing therapy and school psychological services. The Division also cooperates with universities in providing training programs for teachers preparing to work with exceptional children.

In the 1967-68 school year, the Division of Special Education approved 4,084 teaching units to the schools of Ohio and assisted local school districts in providing services for about 180,000 handicapped children.



INDIVIDUAL SERVICES

Types of services

- home instruction for physically and emotionally handicapped children.
- transporting physically handicapped children.
- transportation of emotionally handicapped children to approved special class programs.
- boarding home placement.
- tutoring services for children with visual and hearing handicaps.
- individual services for neurologically and emotionally handicapped children.
- division registry of visually and hearing handicapped children in Ohio.
- reader service for visually handicapped children.
- human guide services for visually handicapped children.
- materials catalogued for visually handicapped children.
- federal quota for purchasing materials for the blind children.
- educational and medical evaluations for visually and hearing handicapped children.
- audiological evaluations for visually and hearing handicapped children.
- exclusions from public school attendance for those incapable of profiting from attendance in the public schools.

Program Scope — 1968

- approximately 10,000 handicapped children received individual services including transportation to regular and special classes.
- 661 legally blind children registered for federal quota for the purchase of materials.
- 526 visually handicapped children evaluated since 1960.
- 760 hearing handicapped children evaluated since 1960.
- 160 children have been examined by The Clinic Medical Team since 1961.
- 2585 children legally dismissed from the public schools during the school year.

SPEECH AND HEARING THERAPY

Goals

- amelioration of articulation defects
- alleviation of rhythm, voice and language disorders.

Program Growth

- 1945–state legislation enacted.
- 1946–state financial support began.
- 1946–25 therapists in approved programs.
- 1949–59 therapists serving 7,327 children.
- 1955–141 therapists serving 16,528 children.
- 1960–275 therapists serving 31,141 children.
- 1963–365 therapists serving 39,171 children.
- 1966–504 therapists serving 50,000 children.

Program Status – 1968

- 527 therapists in approved programs.
- about 53,000 children received therapy in the public schools.
- 8 universities in Ohio offer approved training programs.

Program Needs

- by 1970, an additional 500 qualified therapists will be needed to maintain desired pupil-therapist ratio.

Fifty children in every thousand need speech and hearing training.

ORTHOPEDICALLY HANDICAPPED

Goals

- development of suitable instructional methods and techniques.
- development of suitable adjustment criteria.
- continuous programming.
- structured physical activities program.
- life enrichment work-study program.
- program planning for slow learning children.

Program Growth

- 1919–legislation for public school program enacted.
- 1950–1373 children in program.
- 1960–1158 children in program.
- 1966–1376 children in program.

Program Status – 1968

- 16 cities maintain programs in regular school.
- 4 cities maintain separate schools.
- 1465 children enrolled in special programs, including hospital classes.

Program Needs

- continuous evaluation to meet changing needs.
- teacher training programs.
- extension of programs through high school.

One child in every thousand has an orthopedic handicap.

SCHOOL PSYCHOLOGY

Goals

- evaluation and programming of children with learning and behavior disorders.
- consultant services to teachers and parents.
- continued evaluation of existing programs.
- research and demonstration projects.

Program Growth

- 1911–Ohio's first school psychologist in Cincinnati.

- 1945–13 school psychologists in 12 districts.
- 1955–103 school psychologists in 59 districts.
- 1960–first intern program in the nation.
- 1966–multiple internship program established.

Program Status – 1968

- 281 school psychologists in 146 school districts.
- 77 interns.
- 80,000 children received services.
- 12 universities have approved training programs.

Program Needs

- in order to meet the minimum state reimbursed ratio of one school psychologist per 5000 children, the present number of school psychologists would have to be doubled.
- in order to meet the minimum desired ratio of one school psychologist per 3000 children, the present number of school psychologists would have to be nearly quadrupled.

One hundred children in every thousand need school psychological services.

VISUALLY HANDICAPPED

Goals

- provide educational programs.
- meet individual needs.
- appropriate identification and placement.
- more effective corrective care.
- structured physical activities program.
- continuous programming.
- program planning for slow learning children.

Program Growth

- 1837–first state residential school.
- 1913–first state legislation for day school program.
- 1913–first public school class for partially seeing children in nation.
- 1962–state registry established.

Program Status – 1968

- 1012 children enrolled.
- 20 school districts maintain day school programs.
- 195 students in Ohio School for the Blind.
- teacher training programs available.
- scholarships available for teachers.

Program Needs

- qualified teachers.
- suitable instructional materials.
- continuous evaluation of diagnostic techniques.
- extension of programs through high school.
- constant evaluation of new teaching techniques.

One child in every thousand has visual difficulties.

NEUROLOGICALLY HANDICAPPED

Goals

- early identification.
- special instruction and programming.
- structured physical activities program.
- return to regular classes upon improvement of learning functions.
- development of comprehensive special education programs for these children.

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Program Growth

- 1958–demonstration projects started.
- 1962–State Board of Education standards adopted.
- 1962–state funds provided.
- 1963–100 children in program.
- 1966–600 children served in 25 school districts.

Program Status – 1968

- three phase comprehensive elementary education program:
  - 1–classroom adjustment
  - 2–organized supplemental tutoring
  - 3–special class
- 1123 children in 45 school districts.
- supplemental tutoring has increased from 118 in 1963 to 1500 in 1968.
- 7 experimental programs.
- in-service meetings and institutes for teachers.
- public area awareness meetings.

Program Needs

- continuous evaluation.
- program development in all school districts.
- suitable instructional materials.
- more effective teaching techniques.
- teacher training programs.
- continued research.

Fifty children in every thousand have brain damage.

of the community as the focus of efforts to prevent and reduce emotional disorder. The school is seen as a major influence on the emotional development of young people; prevention and therapeutic adjustment of school activities become major foci of professionals dedicated to mental health.

For a more complete description of these trends, the reader is referred to Donahue & Nichtern (1965), Gloss (1968), and Kanner (1962).

While schools have the power to exclude the uneducable (Gross, 1968), the definition of who is uneducable in a particular school system is made in terms of the existence of appropriate educational programs. Thus, in 1907, the deaf child made the transition from "uneducable" to "educable" for those school systems taking advantage of government financing. In 1953, the children at the Bellefaire Residential Treatment Center near Cleveland became "educable" by virtue of the provision of classes.[1] Many pupils in our schools today are educable only because of increased programs and services for the atypical.

It should be recognized that there are limitations to the effectiveness of school programs and services designed to influence the emotional development of pupils.

A school system desiring to significantly reduce its pupil-teacher ratio to permit teachers to individualize instruction is currently prohibited from doing so because of the huge cost involved.

A school system desiring to modify teacher attitudes to become more acceptant of individual differences is faced with the evidence that highly centralized, multiplex attitudes are highly resistant to change (Krech, Crutchfield & Ballachey, 1962; Newcomb, Turner & Converse, 1965; Redl & Wattenberg, 1951).

A school system is faced with immaturity in the behavioral sciences (Baldwin, 1965; Ford & Urban, 1963; Halmos, 1968). Precise knowledge of the variables influencing the emotional development of children is quite scanty at present. Thus the educator seeking guidance from such specialists is often given advice in the form of clinical belief and broad generalizations rather than specific guidelines containing a high degree of predictive accuracy (Morse, 1961; Prescott, 1962). When existing knowledge has been applied to school programs in a comprehensive mental health project, the results have been inconclusive (Cowan, 1963).

An open school setting is simply inadequate to contain or treat the older highly aggressive sociopath. Most authorities feel that such children can be helped only by experiencing residential treatment that emphasizes strong, enforceable limits and highly skillful social leadership (Kvaraceus, 1959, Part II; Rosen & Gregory, 1965). While schools can contribute school experiences in such residential settings, the maintenance of the residential agency is the responsibility of other community groups (Kvaraceus, 1959, Part II; Rabinovitch, 1968).

School personnel are also limited by their training and skills in treating the severely disturbed young person. Specialized, highly trained clinical personnel are needed to understand and direct other specialists in carefully managed settings in order to therapeutically intervene in the lives of the badly upset and confused pupil (Stephens, 1965).

Schools do not have control over genetic factors and many environmental events influencing emotional development of children. While the exact influence of heredity on such development is subject to controversy, there is little doubt that children are born with varying degrees of emotional reactivity (Chess, 1965; Kagan, 1967; Levine, 1966) and individual limitations on intellectual development (Burt, 1955).

There are limits to the school's influence on a child's early experience in the family, which is seen as often containing sequences of events having irreversible consequences. The out-of-school influences on pupils, such as neighborhood play groups, job experiences, adult contacts, and marital stability are important and not within the full control of the school as an agency (Bossard, 1948; Kluckhohn & Murray, 1955; Hollingshead, 1949; Redl & Wattenburg, 1951; Stephens, 1965).

Enlargement of the school's function is possible within these limits. Philosophically the school's goals are the goals of the mental health movement and community action groups. Eibling (1967) recently quoted an NEA-approved list of educational goals as being applicable to the Columbus Public Schools:

1. Health
2. Command of the fundamental processes (including the 3 R's)
3. Worthy home membership
4. Vocational competence
5. Effective citizenship
6. Worthy use of leisure time
7. Ethical character

It is the position of this report that the school that is given the resources to fully function in support of these goals is making a maximum contribution to prevention of emotional disorder. It is also felt that a school may become directly involved in reducing existing moderate emotional disorder if allowed to expand programs and services in this area.

The need for a fully functioning school program with adequate provision for remediation is great. The challenge to educational leaders is posed by Greenwood (1968):

> Delaying tactics to avoid action such as debates over the 'proper' delineation of family, social agency, or community responsibility in the education of children have little place in our speeded-up society. The school must accept its unique leadership role and then, employing its finest educational techniques, seek to involve the community as a whole (p. 26).

It should be noted that Greenwood is speaking from the context of the philosophy of the Menninger Foundation, whose theoretical orientation is quite similar to that of this paper (Menninger, 1963).

An added call for school leadership comes indirectly from a major speaker in the national mental health movement. M. B. Smith (1968) warns mental health workers that the "third mental health revolution" is in danger of floundering because of the lack of staff who are trained to work directly with community groups. The new approach involves re-education of groups, not individualized psychotherapy. The new approach does not require large numbers of specialists extensively trained in the dynamics of the psyche. School personnel become important factors in the effective implementation of such a program.

It is hoped that school personnel will find the following pages helpful in planning for the refinement and enlargement of school efforts to enhance the emotional development of children.

PART ONE

A THEORY AND ITS APPLICATION TO CRITICAL SCHOOL ISSUES

CHAPTER I

The Nature and Importance of the Problem

Summary

The following points are developed in this chapter:

1. The term "emotion" is seen as describing the feeling component of individual experience.
2. Emotional health is described as effectiveness in action.
3. Emotional disorder may be described in one or all of three ways: a) disproportionate intensity in feeling, b) distortions in thinking, and c) inappropriate behavior.
4. Emotional disorders tend to reduce learning ability.
5. A child with minimal neurological impairment may become emotionally disordered under stressful learning conditions.
6. Delinquent acts are performed by adolescents who may or may not be emotionally disturbed.
7. Ten thousand children needing special attention to reduce disabling emotional disorder are believed to exist in the classrooms of the Columbus Public Schools.
8. A community must provide its schools and other agencies with adequate resources or suffer the consequences.

The "whole child" reacts to experience in parts.

While such parts are usually significantly interrelated, they may at times be relatively autonomous. A strong feeling often has a weak thinking component. An intellectual challenge may affect the emotions or actual behavior but little. Broudy (1963) states:

> Feeling, willing, thinking, remembering, imagining, sensing, perceiving, associating, inhibiting--even the ancients were aware of the phenomenological differences among these processes and the problem of their interrelation. . . .They were thoroughly familiar with the problem of selective perception and selective recall and recognized that attitudes and concepts constituted different teaching tasks (p. 1).

There is disagreement among psychologists as to how far it is useful to divide the functioning of the "whole" individual. Torrance (1965) discusses mental health from the point of view of influences on five different central processes. Krech, Crutchfield, and Ballachey (1962) divide attitude functioning into feelings, beliefs, and action tendencies. Havighurst (1955) finds agreement that important distinctions should be made in studying personal adjustment between inner (feelings and thoughts) and outer (behavior) parts. It should be recognized that the writers mentioned above are scientists interpreting the results of hundreds of studies, and not merely expressing their personal belief about an unexplored area.

An interesting experiment by Schacter and Singer (1962) demonstrates the separateness, yet the interconnection of emotion and thinking. Students were given adrenaline resulting in emotional arousal. Two groups of these students were given different interpretations of an experience; one group became angry, while the second became happy. The groups who had not been given the drug and who were not aroused, reacted to the interpretations and the experience in a neutral fashion. Emotion and thoughts were concluded to interrelate, yet to have a degree of autonomy in function.

In discussing teacher training, the necessity of providing experiences to affect both inner and outer facets of human functioning is made clear by Wallen and Travers (1963):

> Many of the articles referred to here imply that all one has to do is to tell a teacher what pattern to exhibit and that the teacher can then act out this pattern. Such an assumption is, of course, contrary to what is known about the modification of behavior (p. 457).

It is apparent that a child's experiences differentially affect his emotional development depending on the nature of the experience and the individual make-up of the child. The "whole child" has parts!

What is emotion?

English & English (1958) define emotion as:

> A complex feeling-state accompanied by characteristic motor and glandular activities; or a complex behavior in which the visceral component predominates (p. 176).

Synonyms are listed for emotion by English & English as fear, anger, joy, disgust, pity, affection, feeling, affect, sentiment, mood, passion, and interest. In terms of the previous section, it may be said that emotional development refers to development of pupil functions which are heavily loaded with feelings.

Emotions are seen as a special class of motives energizing behavior. According to Murray (1964), a motive is "an internal factor that arouses, directs and integrates a person's behavior (p. 7)." In the larger sense, we could be speaking of motivational development rather than emotional development of children, since we are aware that emotion, thinking, and behavior are interrelated parts.

What is emotional health?

It is impossible to define mental-motivational-emotional health precisely, because of the heavy involvement of value judgement. Coleman (1964) lists five definitions, all bearing many shortcomings--statistical normality, behavioral adjustment, personality integration, maturity, and conformity to group goals. He summarizes with an omnibus definition: "optimal development and functioning of the individual consistent with the long-term well-being and progress of the group (p.18)."

In general, mental health is no longer viewed as analogous to the emotional state of a "contented cow" (Lazarus,1963), but toward effectiveness in mastery over all aspects of living. A mentally healthy person strives effectively towards self-actualization with a comfortable degree of anxiety, and is reality oriented (Jahoda, 1958; Lazarus, 1963; Relationship . . ., 1966). The emphasis is on the level of competence needed to handle internal and external events.

It should be emphasized that most definitions of emotional health recognize that there are at least two parts to the "whole" individual. There is the inner, mental component and the outer, behavioral component, both of which affect and are affected by the ability to master events.

What is emotional disorder?

Because of the interrelatedness of aspects of the personality, there can be no such thing as a disorder of the emotions without a corresponding disorder in thinking and behaving. Many theorists define disorder primarily in terms of thinking distortions (Kelley, 1963), while others rely on classifications of behavior abnormality. English & English (1958) offer the following definition in terms of emotion:

> . . .a condition in which emotional reactions are disproportionate--either too intense or the reverse--to reality situations. Intense fear under appropriate conditions is not emotional disorder, but consequent chronic anxiety or emotional depression is (p. 177).

Even a summary of the various and myriad forms of emotional disorder would be beyond the scope of this paper. The reader is referred to Coleman (1964), Menninger (1963), and Rosen & Gregory (1965) for an overview of systems of classification.

It should be recognized that there is a continuum between optimum emotional-mental-behavioral "health" and extreme emotional-mental-behavioral disorder. As emotional health is lost, emotional disorder symptoms increase.

How do children react to emotional discomfort?

Children experience discomfort under the emotional-thinking condition known as anxiety. Whether the cause of this generalized fear-state is frustration, conflict, threat, conditioning, boredom (Heron, 1957), or simple contagion, children usually attempt to avoid such feeling when it is intense. High anxiety-arousal in children leads children to withdraw from the situation tied to the anxiety, attack and remove the source, or change their thinking in defensive perceptual distortions of the source.

Withdrawal, behavioral and fantasy aggression, and perceptual distortion are major automatic reactions of individuals of all ages to emotional discomfort.

What is the effect of emotional-mental-behavioral disorders on the learning ability of pupils?

There is much experimental and conceptual evidence to support the view that emotional disorders reduce children's ability to profit from schooling. Rabinow (1964) states:

> To state that a child is emotionally disturbed is to convey that the feelings of a child about himself and persons of his environment differ markedly and persistently from what the observer believes a child should feel at his age. Misbehavior is then perceived as an external expression of inappropriateness of feeling, and deviant perception and thinking are considered functions of discordant affect (p. 5).

Theorists that view individual functioning as comprised of three main components--id, ego, superego--view the existence of emotional disorder as a weakening influence on thinking (ego) abilities (Rapaport, 1959). The individual with emotional disorder is seen as giving much thought and energy towards defending his personality structure, his level of integration, under the disorganizing effect of high anxiety. His thinking and acting may become distorted and constricted. The finding that many low functioning children are really "psuedo-retardates" because of chronic emotional disturbance (Prudhommeau, 1961) is an example of such a theoretical position.

Concept formation in children is seen as being strongly influenced by motive states (Vinacke, 1954). A child with emotional disorder will thus achieve a more limited degree of understanding of his world because of the disruption to thinking resulting from inattention and distortion.

The existence of negative self-feelings and beliefs (self-concept--esteem) is seen by many theorists as limiting achievement (Rogers, 1959). The self-concept that includes "I can't do it" beliefs prohibits children from maximum achievement efforts at school. The self inadequacies felt may also result in unrealistic levels of goal setting (too high or too low) which in circular fashion result in further emotional disorder. Bill's studies, reported in Wylie (1961), show that poor self-concept- esteem is significantly correlated with low perceptual accuracy, greater number of psychosomatic statements, more self blame, pessimism with respect to future success, less current satisfaction and high anxiety scores.

The pupil who resolves an emotional disturbance related to school events by rejecting school achievement and seeking satisfactions in out-of-school activities most certainly will be reduced in school achievement.

Behavioral abnormalities such as hyperactivity, fighting, attention-getting actions, etc., are, by their very nature, impediments to academic learning for a pupil if chronic and pervasive.

In addition to the above points, there is much experimental evidence suggesting that individuals have an optimum level of emotional arousal in the continuum from sleep to high excitement (Hebb, 1966; Thompson, 1962). The child with emotional disorder usually suffers from inappropriate emotional intensity (English & English, 1958) and hence may under- or over-react to learning situations. The over-reacting person in particular has been shown experimentally to prematurely structure his experiences (Lewis & Taylor, 1955; Smock, 1955). Harris (1961) found that while the above ideas hold true, there is no simple one-to-one relationship. Emotional disorder tended to correlate with learning problems, depending on social class, the course of the disorder, and past learning experiences.

In general, emotional disorder is seen as being a prime contributor to lowered competence in school learning.

What is the relationship between minimal neurological impairment and emotional disturbance as a cause of lowered academic competence?

While the existence and the influence of minimal neurological impairment in children suffering from difficulty in learning is currently the subject of much current debate in the field, there is evidence that such impairment does cause abnormalities in thinking (Gardner, 1963; Graham, 1963; Graham, Motarazzo & Caldwell, 1956). Such studies of animals experimentally treated and of neonates exposed to accidental injury do answer the question of the effect on function when the damage is known to exist, but do little to help the diagnostician who has no evidence of damage. Unless damage is known to have occurred, it is impossible to determine its presence with any degree of accuracy.

Assuming that a child who has incurred known damage learns poorly and perhaps also behaves in a hyperactive, distractible fashion, such child will become emotionally disturbed like any other child with a handicap if his experiences have not been altered to reduce stress.

A child may thus experience lessened ability to learn if he has either a minimal neurological impairment or an emotional disability. A child with minimal neurological impairment who becomes emotionally disturbed may then tend to experience even more difficulty in learning.

What is the relation between emotional disorder and delinquency?

Just as emotional disorder may result from minimal brain injury, so delinquency may result from emotional disorder.

Delinquency as a common concept, however, is misleading. The term refers to the law violation, not to the child. There is no such thing as a "delinquent," except as a legal classification. According to Kvaraceus & Miller (1959, Part I), who conducted a large survey for the NEA, aggressive behavior among low socio-economic groups is largely (75%) a result of anti-social learnings. The remainder of delinquent adolescents from low socio-economic backgrounds do suffer from emotional disorder. The percentages were seen as reversed for the middle-class youngster.

There are then two classes of adolescents who are likely to be anti-socially aggressive--the anxious emotionally disturbed pupil and the low anxious culturally imitative sociopath. It is generally quite difficult to make such a distinction with the younger child.

Even with adolescents the two groupings are difficult to separate. According to Healy & Bronner (1963) who conducted a large scale study in the 30's, the large majority of all delinquent acts are caused by young people who have suffered from weakened competencies since an early age and are thus predisposed to suffer stressful experiences resulting in anti-social learnings.

From a treatment point of view, Sarason (1968) reports that low anxious delinquents (sociopaths) reacted poorly to a behavioral learning situation, while high anxious (presumably emotionally disturbed) delinquents did profit from such training.

It would seem that delinquent acts may be performed by either sociopathic, low anxious adolescents or by emotionally disordered, high anxious, "acting-out" young people and that treatment for these groups may be different.

What is the extent of emotional disorder in Columbus Public School pupils?

According to a large scale study reported in a recent booklet published by the Division of Special Education, Ohio Department of Education (Bonham & Stephens, 1964), 25% of a school system's pupil population have mild or transient emotional handicaps interfering with school progress and adjustment. An additional 10% of a pupil population are predicted to "have emotional problems interfering significantly and continually with school progress and adjustment (p. 19)." Translating these percentages into pupil figures for a school system having 100,000 pupils (Columbus has approximately 107,000 pupils enrolled), we can predict that 25,000 children have mild handicaps, while 10,000 have a chronic learning disability stemming from emotional-mental-behavioral disorder. It should be mentioned that the validity of at least the 10% figure is substantiated by many previous studies (Ohio Commission on Children and Youth, 1951; Stephens, 1965; White & Harris, 1961).

Generally speaking, the State Department booklet referred to above summarizes the thinking of Ohio specialists in the education of the emotionally disturbed as condensed from a workshop held in 1964. Children with mild handicaps are seen as appropriately helped in the regular classroom with the assistance of pupil services specialists; children in the moderate to severe category require pupil services, special classes, curriculum adjustments, and residential treatment depending on the nature and degree of the disturbance and on the age of the pupil.

While it is known that some pupils do apparently tend to overcome their emotional problems to an unknown extent (Anderson, 1963; Coleman, 1964; Stephens, 1965), the damage done in terms of personality weakness (Erikson, 1959; Kagan, 1967; Sundberg & Tyler, 1962) and academic failures during the disturbance is incalculable with present methods of measurement.

The administrator and the public seeking the extent to which the Columbus Public Schools currently meet the needs of at least the 10,000 pupils with chronic disorders can find no objective answer. Pupils contacted by pupil services personnel are not classified according to even the existence of emotional disorder; often there is not even enough staff to offer diagnostic services.

It is suggested that evidence of the existence of large numbers of unassisted pupils in the Columbus Public Schools may be roughly found in the huge number of unanswered referrals for psychological diagnosis in the Department of Child Study and in the disciplinary files of school principals across the city. A simple "head count" by teachers listing pupils with abnormal feeling reactions in sample classrooms in the system might give a useful estimate of the current need.

What happens to a community that neglects to provide for prevention and reduction of emotional disorder in its children?

The answer to this question deserves study far beyond the scope of the present study. The question is raised because the well-being of a community ultimately depends on the rationality, the productiveness, and the degree of satisfactions experienced by its citizens. A community is courting disaster when it restricts the range of school programs and services for children with learning problems, when it forces its schools in desperation to declare many pupils uneducable, and when it fails to support agencies which wish to provide residential and out-patient services for the severely disturbed.

A selfish, short-sighted community today produces an ignorant, disruptive community tomorrow. The brick through the window tomorrow started its journey today in such communities.

It is no accident that industry considers the quality of the broad range of school services when making decisions for locating a branch plant.

It takes only one disordered individual to murder a president, a civil rights leader, or a senator. Communities are responsible to make the utmost efforts to prevent and reduce the emotional casualties of living if only for selfish reasons.

CHAPTER II

A Theoretical Orientation to Causes and Treatments

Summary

The following points are developed in this chapter:

1. Formal theories strengthen the educator's ability to devise programs and services that effectively result in desired pupil change.
2. Children are seen as having hungers driving them to seek "supplies" by coping with the challenges in their invironment.
3. A pupil's subjective feeling of competence in coping activities is found to have a direct bearing on his emotional development.
4. A pupil's subjective feeling of competence is dependent on the match between his level of coping skills and the level of difficulty of the obstacles he must overcome.
5. Each pupil has a unique set of coping skills that are influenced by genetic endowment and environmental events.
6. Environmental events shape coping ability through various kinds of learning processes.
7. Success experiences raise a pupil's subjective feeling of competence, thus acting to prevent and reduce emotional disorder.

What is the value of formal theories to educators?

Understanding, prediction, and control of events are central issues with every individual. All people make use of theories, principles, and guidelines to deal with their lives. The issue discussed here is the relative value of formal theories to educators desiring to improve the effectiveness of school processes on child development.

A certain fisherman caught in a fog before he had made his catch for the day developed a theory. He predicted from this theory that the sound of splashing would indicate fish jumping. He accordingly cast his net and was dragged onto the beach by a cow. His theory had low predictive power!

An educational theory is useful if it can allow its user to predict pupil change with greater accuracy than if he used a poor theory or none at all.

Kagan (1967) makes a plea for educators to use accurate theories:

> Teachers, counselors, and parents must have a theoretical framework in which to make the critical decisions they make each day. Test scores alone are not sufficient information upon which to make these decisions. Theory permits a more complete understanding of the child's behavior--whether it be an achievement test score or an act of kindness to a peer. And prediction of the future--which is a responsibility of both teachers and psychologist--will be most accurate when it is derived from a conceptual scheme (p. 9).

The value of an effective formal theory as a base for program development also lies in its visibility, the ease with which it can be communicated, and in its susceptibility to continual change as evidence directs. Gage (1963) states:

> All men are theorists. They differ not in whether they use theory, but in the degree to which they are aware of the theory they use. The choice before the man on the street and the research worker alike is not whether to theorize, but whether to articulate his theory, to get it out in the open where he can examine it (p. 94).

A good set of principles is of great value to the educator who realizes that pupil modification is the ultimate objective, the *raison d'etre* of school programs. The processes within the educational mechanism are merely vehicles, chosen out of a wide population of possible vehicles, for the purpose of educating and changing pupils.

Brody (1963) places the value of theory to education in historical perspective:

> Once a society becomes self-conscious about schooling its young, the seed of educational theory is sown, and, if all goes well, educational practice in time ceases to be blindly empirical and guides its footsteps by the insights of theory (p. 1).

What kinds of theories exist in child and adolescent development?

Theories exist that deal with various aspects of human development. Baldwin (1967) lists six major conceptual approaches (Lewin, Piaget, Freud, Stimulus-Response, Werner, and Parsons & Bales). Each theory is judged incomplete in that some processes in development are incompletely accounted for or are totally ignored. Hall & Lindsey (1957) survey the field of personality theory, Hilgard & Bower (1966) review different theories of learning, while Ford & Urban (1965) and Sundberg & Tyler (1962) analyze systems of psychotherapy. All come to Baldwin's conclusion regarding the limitations of current theory in predicting *all* kinds of outcome. Gage (1963) writes:

> In the social sciences, theories were once expected to be over-arching world views and master prescriptions, like socialism and the single tax. Now theories are developed for much more modest topics, like learning, leadership, and cooperation, and one need not don a charismatic mantle in order to attempt to theorize (p. 94).

The educator desiring to enhance prediction and control through the use of theory must then choose a set of principles dealing with the particular pupil change sought. If behavioral modification is desired, then reinforcement theory might be effective. Change in concept formation might be predicted efficiently through Piaget's framework.

Some theories are close to "common-sense," which is incidentally a major theory itself, according to Baldwin (1967). Such theories require a minimum of translation into the educational situation; other approaches contain esoteric terminology difficult to translate into the complexities of the school setting.

The approach developed in the following pages has references to the emotional-motivational development of children and adolescents, and is offered as applicable to the broad public school setting for use in both prevention and reduction of emotional disturbance. It is not an approach helpful in working with other facets of development, and may be limited in preventing and reducing culturally induced sociopathy, which is felt to be responsive to enforceable limits and strong, admired adult leadership (Coleman, 1964; Rosen & Gregory, 1965).

The approach is not new; it may even seem redundant to explicate it. It will help, however, to stress its importance and clarify implications for practice.

What are the hungers of children?

Consciously or unconsciously, people actively seek "supplies" to feed their hungers (Caplan, 1964). Pupils who skillfully cope with the challenges blocking acquisition of needed supplies generally do not suffer undue emotional damage. Young people who are highly frustrated in their attempts to gain satisfaction are likely to suffer damage.

The hungers of children have been classified and re-classified many times. Human "needs" have been part of the vocabulary of social scientists for years, and are no doubt felt by many to be an over-worked subject. Regardless of the satiation effect of the words and concepts, the fact of human need is real; the effect of human hunger on thinking, learning, and acting is primary (Murphy, 1947; Wittreich, 1959).

Several useful categories of pupil needs may be presented for review. Maslow (1954) feels that needs have a developmental aspect--that young children have different needs than adults and that some needs preempt others when they are unmet. Physiological and safety hungers are seen as primary at any age and as having greater influence in motivating the behavior of young children. As the child gets older, and as these hungers become regularly satisfied through adequate "supplies," he then seeks to feed his longings for love and social belonging. Older individuals who have routinely and successfully coped with life in achieving satisfaction in these areas, then begin to seek to satisfy urges toward increasing self-esteem and eventually function in the direction of the highest motive of all, which is self-fulfillment or self-actualization. These hungers are seen as existing in all individuals and contributing to motivation in varied degrees, depending on age and the relative satisfaction of each of the areas of hunger.

According to Clayton (1965), Raths' (1949) categorization has a direct application to the educational setting. Raths feels that there are four major categories of needs--to be loved securely (dependence), to understand and achieve (independence), to be free of excessive anxiety (interpersonal), and to share and have self-respect (maturity).

Working within the psychoanalytic framework, Erikson (1959) presents needs in the form of developmental tasks. Humans "need" to achieve a successful resolution of core conflicts at various critical periods in development over the life span or become correspondingly weakened in adaptive capacity. The infant must learn a satisfactory degree of trust, the pre-schooler must learn autonomy and initiative. The elementary school child achieves a good sense of industry, while the adolescent must weather a major identity-psychic unity crisis. Intimacy, generativity, and integrity crises are faced later in life.

There are hungers in humans that are less easy to discuss. For example, there appears to be an innate drive in all living organisms towards structuring thinking process. Gestalt psychologists have described the general tendency of people to group their perceptions of the world according to common elements, i. e. nearness, similarity, "good" form. This observed tendency is known as the law of Pragnantz (Hilgard & Bower, 1966). Alport (1955) feels that the disposition to structure experience is general and innate. Many theorists in social psychology emphasize the integrative nature of such structuring, suggesting that this tendency pushes the individual to bring feeling, thinking, and behavior closer together. As Berline (1960), Hunt (1964), and Piaget (Baldwin, 1967) point out however, there may be a level of integration and arousal that is most comfortable, below which the individual seeks disintegration, incongruity, and stimulation to become more comfortable and effective.

An interesting experiment (Byrone & Clore, 1967) resulted in data supporting a motive toward optimum rather than complete "wholeness." It would appear that complete integration-structure-wholeness in people is distasteful and avoided.

There are indications that humans possess a strong urge for mastery. This urge can be seen in the tendency of individuals to cope with their problems and to seek satisfaction for their other hungers. The satisfaction of this hunger for mastery, competence, or effective coping, is developed in the next few pages as being of great importance in the emotional development of school children.

What challenges are faced by children seeking satisfaction?

No Garden of Eden faces the child in our society seeking satisfaction of his hungers. Thompson (1962) phrases the situation faced by the child as follows:

> The growing child is continuously faced with new problems that must be solved in ways that satisfy his basic needs and by behaviors that do not come

> into serious conflict with the need satisfactions of the various individuals in his social environment (p. 141).

How does a child meet his dependence needs if his hunger for autonomy forces his impatient mother to be angry and thus withhold love? How can the minimal-ability adolescent meet his love and belonging needs in a school setting filled with high ability pupils? It should be remembered that the existence of higher motives for self-esteem and self-fulfillment is felt by some to be predicated on the degree of satisfaction of the more basic needs.

Havighurst some years back (1948) suggested that different age groups faced different sets of challenges in their search for satisfactions. The young person who masters the "developmental tasks" of his age gains essential satisfaction and also is strengthened in competence when faced with the next set of age-tasks. Strengthened ability to compete and cooperate, for example, has implications for the development of sound values and leadership ability later on. The successful child is well equipped to become a successful adolescent able to accept his individual uniqueness, perform appropriate sex roles, become independent, achieve intellectual maturity, and become prepared for economic and social self-sufficiency.

The pupil who fails to achieve a certain degree of satisfaction and who fails to master the skills necessary to overcome the challenges at one age level is weakened and subject to emotional disorder. The combination of dissatisfaction, skill deficiency, and emotional disorder renders him less competent to meet the challenges of the next age when the inexorable march of time pushes him into new social situations.

Adaptive competence--the key to sound emotional development.

Freud, the pioneer *par excellence*, wrote in 1925, "The task of the nervous system is--broadly speaking--to master stimuli (p. 63)." Rapaport, who has assumed over the years the role of interpreter for some of Freud's followers, emphasizes the thinking of one of these psychoanlysts (Hartman) relative to the importance of the ego apparatuses of thinking, controlling, structuring, remembering, mediating, etc. Rapaport writes (1959):

> These apparatuses (as well as the coordination which they effect between the instinctual drives and their objects) he recognized as the means of phylogenetically guaranteed coordination to external reality, that is to say, to an average expectable environment. He conceptualized this coordination as a state of adaptedness ...(p.12).

Erikson (1959), whose psychoanalytic, developmental, need-task conceptualization was mentioned previously, also is seen by Rapaport as assuming an inborn tendency of the nervous system to coordinate mental functions to the conditions in the environment.

Cameron (1963) writes:

> Every human being builds within him a stable mental organization, one that continually adapts to the external world and absorbs it, while at the same time it keeps shifting the balance of its internal forces to cope with the internal shifting needs which continually arise and to find means of satisfying them (p. 26).

White (1960) carries the emphasis a bit closer to everyday life and the emotional significance of levels of competence:

> Competence means fitness or ability. The competence of an organism means its fitness or ability to carry on those transations with the environment which result in its maintaining itself, growing, and flourishing (p. 100).
>
> My proposal is that activity, manipulation, and exploration, which are all pretty much of a piece in the infant, be considered together as aspects of competence, and that for the present we assume that one general motivational principle lies behind them (p. 102).

> Sense of competence can be seen as a cumulative product of one's history of efficacies and inefficacies. It comes to operate in new behavior as a kind of set; we judge whether or not we can jump over a brook or carry out a proposed task. It also comes to be much cherished, so that we feel truly elated at new proofs of our ability and deeply humiliated when we cannot do something we supposed was within our power. The sense of competence thus has motivational backing, doubtless from a variety of sources (p. 103-104).

Lazarus (1963) points out that there are two major forms of adjustment and that both are "normal" within limits. The self organization can change (accommodate) in response to the environmental challenges, or the environment can be changed by individual efforts and "assimilated" symbolically into the organization. The ability to accommodate and assimilate in response to demands can be thought of as White's competence, and the feeling of satisfaction-dissatisfaction-anxiety is the individual's subjective, emotionally tinged "sense of competence."

Hobbs (1966) clearly poses the importance of a sense of competence to educators concerned with emotional development:

> If a child feels he is inadequate in school, inadequacy can become a pervasive theme in his life, leading to a consistent pattern of failure to work up to his level and ability (p. 1110).

Each individual child has his own unique set of coping skills (levels of competence) which are influenced by developmental factors.

All children do not begin life with the same ability to master challenges. As mentioned earlier, genetic influences on activity level, on autonomic nervous system responsiveness, do exist at birth and can be demonstrated objectively. In addition, many children face life with sensory, motor, and neurological handicaps to learn appropriate coping skills. There is also evidence that limits to intellectual development exist due to inherited combinations of variables.

Hebb (1966), who makes continual pleas for behavioral scientists to act in accordance with the knowledge that the mind _is_ brain functioning, states:

> There is no reason why past experience and constitutional deficiency should not work together, jointly, as causes of mental illness, and there is much evidence to indicate that they do work jointly.
>
> We know that brain processes affect what happens in other organs and that these other organs in turn affect what happens in the brain. Anger or fear interrupts digestion, accelerates the heart, and steps up the production of some glandular substances. The brain of course cannot live in isolation; how it functions depends essentially on the chemical products delivered to it by the blood stream . . . (p.15).

As a result of experience, infants become even more changed into individually different beings the older they become. The effects of the kind of early stimulation, "imprinting" experiences during critical periods of rapid learning, chronic patterns of maternal care, and birth order, all enlarge personality differences and influence the capacity to adapt to challenges. Becker (1964), for example, has surveyed a large number of studies on the effect of different patterns of maternal supervision and concluded that submissiveness grows from a restrictive-warm atmosphere, that neurotic children grow in a restrictive-hostile family setting, that aggressive children are created in permissive-hostile settings, and that independent, creative, friendly children come from permissive-warm homes.

Murphy (1962), in her study of coping patterns of children, Torrance and Strom (1965), in their collection of articles relating mental health to school success, Clayton (1965), in his discussion of the individual motivations of children and classroom management, and many others (Pervin, 1968; Jersild, 1967; Wesman, 1968; Kagan, 1967) emphasize the importance of understanding the uniqueness of individual personalities when planning for intervention in children's lives.

What are the processes of learning which affect competence?

Wesman (1968) states:

> Whatever the learning theory, the fundamental principle is universal. We start with an organism which is subject to modification by interaction with the environment; as a product of that interaction the organism has been modified. Further interaction involves a changed organism--one which is ready to interact with its environment in a new way (p. 267).

Theories of learning vary from the postulates of gestalt theorists who feel that learning takes place in central neurological patterns or "maps" of the world, to those theorists who prefer to deal with the observable dimensions of "habit" formation (Hilgard & Bower, 1966). A central issue among researchers in learning processes revolves around which of these two theoretical approaches will prove more useful in understanding, control, and prediction of the learning process.

Gagne (1965), for example, posits eight different kinds of learning, from the simple association of signals, of signals and actions, and of chains of associations, to the more complex processes involved in the acquisition of discriminations, concepts, principles, and problem-solving abilities. It is felt that association learning and "insight" learning are two different processes.

Baldwin (1967) in his survey of theories of child development concluded that the influence of association-type learning has been demonstrated experimentally to a sufficient degree for theorists to accept the validity and existence of the processes in influencing behavior. Thus the mechanism of learning by association of signals (Pavlovian, classical conditioning), and the effectiveness of reinforcement in influencing the direction of children's behavior should be accepted and included in any theory of child development.

Baldwin also feels that children have been reliably shown to change under the influence of maturation, imitation of admired models, and through problem solving and verbal instruction.

It may be said then, that adaptive competence is learned through these processes. Children who have experiences involving anxiety-producing conditioning, poor patterning of reinforcements, poor modeling experiences, little insight stimulation from instruction or exercise of problem solving abilities and who are maturing slower than others of their age will have lessened ability to satisfy their hungers.

Emotional development is strengthened by success experiences.

Success experiences, leading to a subjective feeling of competence and sound emotional development, are seen as being a function of the match between current levels of competence and the situational challenges faced. This position and the dangers to emotional development resulting from a poor match is expressed by Coleman (1964):

> All behavior (normal and abnormal) is seen as a function of a) the individual's adjustive capacity . . . and b) the stress situation he faces (p.iii).
>
> According to this new view, the frustrations and conflicts common to everyday living might become so overwhelming that the individual would resort to the use of unhealthy responses in his efforts to adjust (p. 45).

Chronically unhealthy responses are seen as forms of emotional disorder, i.e., attack, withdrawal, or compromise.

Just as mental health is today seen as effectiveness in action, and just as motives are seen as satisfying hungers for optimum levels of arousal-integration rather than passive peacefulness, so today's views of influences on emotional development stress the importance of the match, the balance, between capacity and challenge. Clayton (1965) states:

> Some degree of stress, tension, and anxiety facilitate learning. Too little brings complacency and lack of effort. Too much is seriously debilitating (p. 84-85).

The psychiatrist Karl Menninger of the Menninger Foundation in Kansas, has adopted the view of emotional disturbance as a defensive reaction to stress (1963):

> It is this view of mental illness as personality dysfunction and living impairment which is presented in this book. It sees all patients not as individuals afflicted with certain diseases, but as human beings obliged to make awkward and expensive maneuvers to maintain themselves, individuals who have become somewhat isolated from their fellow, harassed by faulty techniques of living, uncomfortable themselves, and often to others. Their reactions are intended to make the best of a bad situation and at the same time forestall a worse one--in other words, to insure survival even at the cost of suffering and social disaster.
>
> We disclaim any pretensions that this viewpoint is original or uniquely held by us. Many collegues seem to be coming to the same conclusion (p. 5).

A recent book by Phillips (1968), entitled Human Adaptation and Its Failures contains a blueprint for community action to increase mental health that is squarely within the context of this approach.

The school system that makes every effort to understand the uniqueness of its individual pupils, raise the level of their competence, and create educational settings commensurate with their current abilities, is actively engaged in preventing and reducing emotional disorder.

CHAPTER III

Prevention and Reduction of Emotional Disorder in Pupils

Summary

The following points are developed in this chapter:

1. Pupils experience good emotional development when they experience a favorable success/failure ratio.
2. Success experiences are more probable when pupils are given educational challenges within their range of abilities.
3. Success experiences are more probable when pupil abilities are increased by effective remedial experiences.
4. High-anxiety-producing forms of punishment, while potentially damaging to emotional development, are necessary to control pupils when more expensive forms of behavioral control are not provided.
5. Proper placement and remedial teaching depend on the degree to which the pupil's current abilities are understood.
6. Proper placement and remedial teaching depend on the effectiveness and insight of school personnel involved in referral processes.

Success experiences enhance emotional development by providing satisfaction and by strengthening competence.

Animal School

> Once upon a time the animals had a school. The curriculum consisted of running, climbing, flying, and swimming, and all the animals took all the subjects.
>
> The duck was good in swimming--better in fact than his instructor, and he made passing grades in flying, but he was practically hopeless in running. Because he was low in this subject, he was made to stay in after school and drop his swimming class in order to practice running. He kept this up until he was only average in swimming. But average is acceptable, so no one worried except the duck.
>
> The eagle was considered a problem pupil and was disciplined severely. He beat the others to the top of the tree in the climbing class but had his own way of getting there.
>
> The rabbit started at the top of the class in running, but he had a nervous breakdown and had to drop out of school on account of so much make-up in swimming.
>
> The squirrel led the climbing class, but his flying teacher made him start his flying lessons from the ground instead of the top of the tree down and he developed charley horses from over-exertion at the take-off and began getting "C"'s in climbing and "D"'s in running.
>
> The practical prairie dogs apprenticed their offspring to a badger when the school authorities refused to add digging to the curriculum.
>
> -- G. H. Reaves

The duck worried, the eagle was disruptive, the rabbit had a nervous breakdown, and the squirrel got poor grades from over-exhaustion. The prairie dogs didn't accept the explanations of the school and sent their offspring to a more individualized educational environment where the competence-challenge match was more therapeutic. Only the prairie dogs escaped developing a form of emotional disorder.

Children need to experience success regularly; if they don't, their hungers won't be satisfied, their subjective feeling of competence will be lessened, and their coping skills accordingly weakened.

As Nason (1962) states in his excellent booklet for parents:

> Children, like adults, who succeed regularly become used to success. They feel sure of themselves. They expect to succeed.
>
> These children are happy at home and successful in school. They read, they can work the arithmetic problems. They play games at recess. They like school!
>
> These children are on the spiral of success. Research shows that they probably will continue to greater and greater success (p.8).

Nason is not saying that children should experience a continual chain of easy successes. Success following effort and success accompanied by occasional failure are both elements of the satisfaction-strengthening process. It should be realized, too, that children who have experienced a long chain of failures may need a maximum amount of successes to remedy damage done. Conversely, the child who is weakened by a chain of easy successes may need failures to develop coping skills.

Erikson (1959) talks about the need for successful achievement of psycho-social developmental tasks; Menninger (1963) feels that "a degree of resiliency and sturdiness may be engendered by the successful weathering of many such crises (p. 147)."

Sanford (1962) states: "An environment must be suited to the species; if it isn't, the organisms die or go elsewhere (p. 727)."

Success experiences may be increased by adjusting the level of difficulty of educational challenge.

There are many classifications of learning disabilities. Thus children may have orthopedic, visual, auditory, speech, intellectual, or neurological impairments. Pupils may be found suffering from complex combinations of these defects in competence. As was shown earlier, these children, as well as any other child, may suffer emotional "blocks" to learning, and be classed as additionally handicapped.

Handicapped children need adjustment in the level and often the nature of the educational challenge given them. Without adjusted experiences they tend to learn at a lower rate and perhaps never reach the level of social and academic skill of which they are capable. They may, in addition, develop emotional damage or increased emotional damage as a result of frustration and lessened feelings of competence.

Appropriate adjustments may be made within the regular classroom if the defects are mild enough and appropriate specialist services can be provided. Children who cannot profit from a regular classroom setting even with help from supportive personnel, are then in need of an academic setting containing more effective training aids and specialized procedures. Some children may be beyond the help of the public school and need to be placed in a community residential agency, or need to be given instruction in the home.

Proper, early adjustment of educational challenges of pupils according to their current learning disability, contributes to healthy emotional development. Children with emotional handicaps, whether caused by faulty learning or by frequent failures, must be considered as handicapped and given whatever adjustment in educational challenge as is deemed necessary to provide for success experiences.

Success experiences are more probable when pupil abilities are increased by effective remedial experiences.

Children can be helped to increase their skills. An increase in ability to master challenges leads to an increase in the probability that a more favorable success/failure ratio will be experienced. The child who is given needed training in speech, reading, arithmetic, appropriate behavior, and insightful thinking, becomes a stronger child. If such remediation is effective, the gains may become permanent. Bluestein (1968), for example, found that the gains made during remedial reading training for his pupils were lasting and led to even further growth after three years.

Reduction of high anxiety or anger to more comfortable levels increases adaptive capacity. A child who lives with a chronically high level of arousal is often defective in ability to pay attention, perceive accurately, and think appropriately. Such high anxiety or anger can be modified by reducing challenges and by providing the experience of personal relationship containing high levels of non-possessive warmth and understanding (Betz & Whitehorn, 1956; Patterson, 1967; Stoffer, 1968).

Increasing abnormally low arousal levels is felt to increase adaptive capacity. The child who "has everything," who experiences total success with no personal effort, may be well-adjusted in the "contented cow" sense, but is ill equipped to master the more difficult tasks of his age--including school achievement. Anxiety can be increased by reducing satisfaction and increasing challenges (Misseldine, 1963) or encouraging goal setting (McClellan, 1965).

Clarification of thinking and developing new insights increases adaptive capacity. The child who can be led to change his "map" of the world, who can be helped to see less threat in experiences, is better able to cope with challenges. Thinking can be clarified by 1) expressing thoughts and feelings (Brussel, 1961); Matarazzo, 1965; Sundberg & Tyler, 1962; White, 1964), and 2) accepting advice from an admired person (Ford & Urban, 1963; Sundberg & Tyler, 1962).

Improved behavioral skill increases adaptive competence. A child who has learned to respond to social situations only inadequately can learn to pay attention, compete in games, engage in cooperative ventures, conform to group rules, etc., by careful training. Recent approaches to "behavioral modification" have been developed using laboratory learning theory techniques such as conditioning, reinforcement, and imitation. Such approaches focusing on the direct changing of pupil's actions in the classroom have been experimentally tried out by Hewitt (1967, 1968), and Quay (1966, 1968). The results of the applications of learning theory to the classroom show great promise, according to Cartwright (1968) and Eysenck (1967), but must be viewed as experimental, not as a proven classroom technique (Ford & Urban, 1967).

Learning theorists suggest that changes in behavior affect changes in thinking and feeling. They point to the lack of evidence substantiating the belief that thinking change directly produces behavior change. Such a conclusion is independently drawn by Fishbein (1967) in his summary of the evidence relating attitude change to behavior. He states:

> Indeed, what little evidence there is to support any relationship between attitude and behavior comes from studies showing that a person tends to bring his attitude into line with his behavior rather than from studies demonstrating that behavior is a function of attitude (p. 477).

Behavior skills and hence competence may thus be improved by 1) reduction of anxiety, 2) increased insight, 3) skillful manipulation of rewards, and 4) consistent, sophisticated limit enforcement (Redl & Wattenburg, 1951; Redl & Wineman, 1952).

High-anxiety punishment may have damaging long-term effects.

It must be noted in the context of behavior modification techniques, that punishment, while depressing the frequency of inappropriate behaviors through instilling fear, is felt by many experienced behavioral scientists to have little effect on changing the habitual use of such behaviors. As soon as the fear diminishes, the inappropriate behavior has been found to reoccur (Bandura, 1965; Sears, Maccoby & Levin, 1957). In addition, the punished child may learn to imitate the aggressive behavior of the punisher and hence become more aggressive.

Sears, et al., write:

> Our evaluation of punishment is that it is ineffectual over the long term as a technique for eliminating the kind of behavior toward which it is directed . . . The unhappy effects of punishment have run like a dismal thread through our findings.

The dismal thread spoken of was composed of the finding that fear-producing punishment correlated with greater child dependency, more aggression, and slower development of conscience. It should also be noted in this context that Becker (1964) concluded from his survey of many studies that parent hostility led to neurotic (high anxiety) conditions in children when the pattern included restrictiveness, and led to aggressive conditions when the parent supervision techniques were permissive. If fear-producing punishment is perceived by a pupil as a hostile act, then the punishment could contribute to high anxiety and agression.

The laboratory-learning-theory approaches to punishment, as mentioned previously, conceive of "punishment" only in terms of reward withdrawal or social isolation, completely eliminating high anxiety producing punishment as a behavioral modification technique.

Redl's approach (Redl & Wineman, 1952) to training highly aggressive boys in a residential setting also avoids the high anxiety form of punishments.

School personnel must control aggressive behavior. High anxiety producing punishment for such behavior is often the only form of activity open to educators. In the absence of other techniques which could be provided at some expense (social isolation rooms, greatly enlarged individual attention and school experience manipulation) and in the absence of clear support for suspensions and much agency involvement, the educator must use fear as a tool. Such practices do not necessarily lead to good emotional development, however.

Proper placement and remedial teaching depend on the degree to which the pupil's current abilities are understood.

Assessment of pupil abilities is often needed in order to determine what sort of an educational setting is most appropriate. Are there sensory defects unnoticed by the teacher? Is the general intellectual level too low for regular class placement? Is the aggressive adolescent highly anxious or simply behaving in accordance with cultural models? Is the hyperactive child suffering from emotional disorder? What is the best way to reach a multiply-handicapped child?

Information as to parental supervision patterns, health practices, school attitudes, cultural habits, etc., contribute data highly important to the teacher desiring to understand abilities and individualize instruction in a classroom.

Proper placement and remedial teaching depend on the effectiveness and insight of school personnel.

Assessment and family information that is skillfully collected and appropriately presented to school personnel working with the pupil is important. The pupil who requires placement in another program may, however, not be so placed because of the lack of skilled placement personnel.

The school staff must have skill and knowledge in referral processes, referral sources, and case management techniques if pupils are to be placed in the most appropriate educational setting or given needed training in defective skills.

CHAPTER IV

Critical Issues

Summary

The following points are developed in this chapter:

1. Many staff members are employed to give specialist assistance to teachers and others working directly with children in the classroom situation. Functions and recommended numbers of pupil services workers are listed.
2. Schools prevent emotional disorder by early identification of children who will fail to achieve success in the regular classroom and by providing for appropriate placement, training, and home-school contacts.
3. While teacher attitudes may respond but slowly to inservice training, teacher skills in working with emotionally disturbed children can be improved significantly.
4. Emotionally disturbed children can be helped best through individualized attention, although some carefully planned grouping procedures may be effective.
5. Depth of diagnosis by specialists depends on school objectives. Diagnosis extends into "treatment."
6. Parent change is seen to influence pupil change, particularly with younger children. A pupil should not be refused educational help if parent change is not possible, however.
7. The effectiveness of the special class as a method for reducing emotional disturbance is currently being tested in many places over the country.
8. The special class is one of many programs and services available to the school system desiring to enlarge its efforts in reducing emotional disturbance.
9. The community is felt to be responsible for providing its schools and agencies with sufficient facilities to handle and reduce emotional disorders. Pupils who are disruptive, or who cannot be helped by existing school facilities should be declared "uneducable" and become the responsibility of other community agencies.
10. The worth of programs and services should be determined by measuring pupil change.
11. Some children appear to "get well" without formalized aid. Communities that depend on this self-healing tendency and refuse to provide sufficient facilities, are eventually faced with a large population of older emotionally disturbed individuals whose problems have become "set" and resistive to treatment.

The approach developed in the past two chapters suggests answers to current critical questions.

What school personnel are involved in influencing the emotional development of pupils?

The classroom teacher, who is in personal contact with all children, is the direct focus of all educational effort. Principals, curriculum specialists, non-instructional staff, and pupil services personnel perform indirect functions--supporting, enlarging, and refining the role of the classroom teacher.

The principal who encourages teachers to engage in flexible programming, who maintains a friendly atmosphere in the school, who is attentive to and understanding of individual differences among staff and pupils alike, who fosters teacher skill in instruction and behavioral management, who works effectively with parents, and who insightfully coordinates the efforts of the indirect-function school staff, makes a major contribution to sound emotional development of pupils.

Curriculum specialists, through thoughtful assistance to teachers and sophisticated remedial work with pupils, contribute heavily to school efforts to prevent and reduce emotional disorder.

Members of the non-instructional staff play an important role in determining how children feel, not only by the effectiveness of their jobperformance, but also by the nature of their personalities. The friendly clerk, cook, custodian, and bus driver have a substantial influence on pupils.

Pupil services personnel in the schools provide remedial experiences, supervise curriculum in "special education" classrooms, and provide essential pupil information to school personnel.

A recent State Department publication, The Organization of Pupil Services, discusses the school's philosophy of education, then states:

> In order to support this philosophy and the aims of education, and in order to provide the professional staff of the school system with adequate information and techniques for work with all children, it is apparent that an organized program of pupil services is an absolute necessity in our schools . . . Instruction cannot be entirely effective without the kinds of supportive services included in a total program of Pupil Services (Bonham & Wysong, 1967, p. 3).

Pupil service personnel roles are described in the aforementioned publication as (paraphrased):

1. Psychological Services: to conduct psychoeducational evaluation of children and to use the results in consultation.
2. Guidance Services: to provide individual counseling.
3. School Health Services: to develop and coordinate an identification, referral, and follow-up program for pupils with health problems.
4. Visiting Teacher Services: to provide casework and referral services to children and families.
5. Speech and Hearing Therapy Services: to provide speech therapy to children.
6. Child Accounting Services: to coordinate a program providing all basic and essential data on each child of school age residing within the school district.
7. Pupil Appraisal Services: to coordinate and interpret the results of a school-wide group testing program.
8. Special Education: to meet the needs of various groups of exceptional children who cannot be adequately successful in the regular classroom.

Pupil services personnel are also expected to engage in research, to provide consultative service, and to be active in community planning.

Number of pupil services personnel recommended.

Reference to this booklet and conversations with personnel at the State Department of Education lead to the conclusion that, for a school system of 100,000 pupils, the following numbers of full time, well trained specialists should be provided to furnish adequate pupil remediation and to furnish sufficient pupil information to the school staff:

Psychologists	40
Secondary Counselors	129
Elementary Counselors	120
Visiting Teachers	50
School Nurses	50
Speech and Hearing Therapists .	40
Child Accounting Staff	10
Pupil Appraisal Staff	10
Special Education Programs . .	(according to need)

Evaluative criteria for judging the effectiveness of the processes within each specialty are included in the booklet.

The skilled, sensitive classroom teacher in a regular or specialized curriculum setting will be able to do a superior job of enhancing the emotional development of pupils if given the help of a team of supportive, well-trained staff of school specialists. The effectiveness of the school staff in helping children with learning problems will be decreased to the degree that specialist help is unavailable or untrained.

It should be realized that the effectiveness of a specialist function depends on the existence of competent specialist personnel. Evaluation of the worth of a specialist function to the regular school staff, to families, and to pupils should not be confused with evaluation of a particular specialist. The administrator seeking to determine the worth of a function should examine the impact of a skilled staff member.

How can a school system work to prevent emotional disorder?

As expressed in previous chapters, the feeling of competence is extremely important in emotional development. The feeling of competence comes from engaging in frequent success experiences and can be fostered by a school system that creates a good "match" between current abilities and educational challenges.

pupil abilities
challenges

A good school system provides for early identification of children who are suffering from a mismatch. Identification can be made in the primary grades through a formal program of teacher nomination, although, as Gates (1963) has convincingly demonstrated, some teachers tend to make such nominations on the basis of their own needs, rather than on the basis of problems of the pupil. Identification can also be made on the basis of the results of special rating scales (Bower, 1961; Werry, 1968). It is known that the earlier the identification (and hence remediation and placement) occurs, the more effective the treatment will be (Healy & Bronner, 1963; Kagan, 1967; Prudhommeau, 1961; Sontag, Baker & Nelson, 1958). Rubin, Simson & Betwee state (1966):

> By the failure to recognize ineffectual patterns of adaption early in school and the failure to introduce flexible programming to account for individual differences in development, generally, in both boys and girls, the school atmosphere and demand for achievement can be the major source of stress contributing to the development of maladaptive patterns of adjustment in a great proportion of children (p. 220).

Emotional disorder can be prevented through specialized programming for children suffering from learning and behavioral disabilities. Such programming can take the form of flexible grade progression organization, grouping within the classroom, "special education" classrooms, and variations in secondary school offerings.

Offerings in secondary school may be tailored specifically to match the nature of the handicap. Massimo & Shore (1963), for example, found that when adjudged delinquents were given job placements and exposed to counseling and academic tutoring in relation to job skills, the results were significant in favor of increased academic skills and decreased anti-social acts.

As Horrocks (1962) points out, adolescents in our society suffer from lack of social role clarity. The school system that can provide a focus for adolescents through school-wide activities such as sports, community projects, and social activities reduces the degree of emotional disorder caused by conflicts in role.

Prevention activities can be increased in the regular classroom through sound instruction, friendly and individualized attention, provision for self-expression, and the use of skillful behavioral modification techniques. Teachers who make an effort to understand children (Hymes, 1954; Prescott, 1962) have been shown to elicit favorable attitudes toward school (Hoyt, 1955).

Emotional disorder can be prevented by maintaining close school-home relationships leading to increased mutual understanding and increased consistence in pupil treatment. When parents understand school goals and recognize the importance parents play in helping children reach those goals, they tend to align their attitudes and supervision practices accordingly. When school personnel understand pupils' backgrounds better, they become better equipped to individualize experience at school.

Is teacher training important in improving teacher ability to prevent and reduce emotional disturbance?

It is recognized that teacher personalities are relatively well set by adulthood. Attitude studies, for example, demonstrate that feelings that have existed for a long time and feelings that are highly associated with the "self" are difficult to modify (Krech, Crutchfield & Ballachey, 1962; Newcomb, Turner & Converse, 1965). Such important teacher qualities as honesty (Rabinovitch, 1968), interest in the pupil (Morse, Cutler & Fink, 1964), compassion (Jersild, 1967), support (Allen, 1949), warmth, friendliness, sensitivity, outgoingness (Symond, 1949), and non-possessive warmth (Stoffer, 1968) are all important personality qualities that a teacher is felt to require in order to be effective in preventing and reducing emotional disorder in pupils.

However, there are indications that teacher skills can be enhanced to make teachers even more influential in affecting emotional development. In discussing the requirements a teacher must meet in order to effectively teach emotionally disturbed pupils, Haring & Phillips (1962) state:

> Good teaching is the model to follow; it involves knowledge of each child's potentialities and the ability to give the specific direction necessary for the child's growth and progress (p. 80).

While good teaching is the model, how many teachers are completely knowledgeable about how variations in individual abilities change educational practices? How many teachers are expert at dealing with children as individuals and have a large repertoire of "specific direction" practices that are available to handle a wide range of pupil problems in learning? Reger (1967), for example, points out that teachers trained in group instruction methods may continue group methods even in low pupil-teacher ratio classrooms and may even continue group methods at children individually rather than create individualized situations in which the child can learn.

Individualized teaching is seen as the key to reducing emotional disturbance (Haring & Phillips, 1962; Hewitt, 1967; Morse, et. al., 1964; Quay, 1968; Rabinovich, 1968; Torrance, 1965); hence on this one point alone the need for teacher training is clear. Teachers working with individual emotionally disturbed children need help in individualized instruction.

Techniques useful in "shaping" pupil actions are becoming more sophisticated and may be applicable to training the behavioral skills of the emotionally disturbed. From Redl & Wattenburg's listing (1951) of the teacher's "bag of tricks" to the more recent learning theory approaches (Hewett, 1967; Quay, 1967), techniques are available to be learned by teachers. It is important that such skills are no longer felt to be tied to the innate personality structure of the teacher. The older view considered that a teacher either was a good disciplinarian or a poor one and nothing could be done about improving such skills.

Many educators and theorists dealing with the structure and dynamics of the personality rebel at the mechanistic approach of learning theorists. It should be realized, however, that just as there is a difference between personality theory and therapy, so there is a difference between personality theory based on the laws of learning and behavior therapy based on laws of learning. The educator or therapist can use the behavioral change techniques if they are effective, without becoming concerned about the speculations dealing with the personality.

The fact that the technique does work with individual children should be accepted and used (Baldwin, 1967; Bauer, 1968; Gelfand & Hartmann, 1968; Eysenck, 1967; Jones, 1924; Krasner & Ullman, 1965; Krasner, 1958; Gloss, 1968).

It would also seem that teachers who are given extra training and specialist help in the use of materials and techniques of art and music instruction would be better equipped to help youngsters develop skills in self-expression.

True, "good teaching is the model to follow" in helping teachers foster good emotional development. However, the above examples do demonstrate that teacher effectiveness can be improved when interested teachers are given the opportunity to improve. Such training, to be effective, must include training in performance of specific behaviors as well as "book learning" in order to be effective (Committee . . ., 1968; Wallen & Travers, 1963).

The rapid growth of teacher-training programs in colleges and universities across the country (Pendergast & Thompkins, 1967) would suggest that training for teachers of the emotionally disturbed child is felt to be necessary by many authorities.

Should all emotionally disturbed pupils be given the same educational programming?

This question has been partially answered in the preceding discussion. Individualized instruction has been found to be the most effective teaching method for emotionally disordered pupils.

How far does the need for individualization go? In addition to individually tailored academic programming, does each child need different amounts of warmth and understanding, activities in self-expression, and behavioral skills training? The structured approach (Cruikshank, Bentzen, Ratzeburg & Tannhauser, 1961; Haring & Phillips, 1962) and the behavioral modification approach (Hewett, 1967; Krasner & Ullman, 1965; Quay, Werry, McQueen & Sprague, 1966) suggest that a specific classroom approach, while allowing for individual programming, is the most effective and efficient. Others feel that total individualization with a special classroom for emotionally disturbed is possible and that specific classroom approaches are worthless (Rabinovitch, 1968).

There are indications that children may be grouped in a special classroom according to the nature of their disorder. Rubin, et. al. (1966), in summing up the results of their experimental classroom, state: "A significant conclusion from these data is that children with different symptoms appear to need different and specific types of programming (p. 186)." Hewett (1967) plans an "engineered classroom" in which different work areas exist for different kinds of problems; these problems are seen as developmental in that a child must first work to improve attention, become ready for social training, and finally is prepared to learn academics. LaBenne (1967), in a survey of emotionally disturbed children in special classes, found three types of children only one of which was ready for academic work (high anxiety type). Both LaBenne and Quay (1968) feel strongly that both high anxiety children and conduct disorder children should not be enrolled in the same classroom.

It would seem that emotionally disturbed children can be helped best by being given a totally individualized experience, and that such an experience may be possible either in carefully thought out specific approaches to a special class design, a highly individualized classroom situation with a very low pupil-teacher ratio, or different special classroom designs for particular categories of disturbance.

It should be noted that the aggressive adolescent may be placed somewhere on a continuum between high anxiety states (emotionally disordered) and low anxiety states (sociopath-poor cultural experiences). Many authorities (Brush, 1967; Kagan, 1967; Rosen & Gregory, 1965) feel these adolescents are resistant to school treatment because of the problem of behavioral control and because childhood personality weaknesses have had a chance to solidify.

While it has been shown that highly anxious, aggressive adolescent pupils may learn at a faster rate when exposed to educational experiences, both high and low anxious groups may be best helped by emphasizing curriculum adjustments rather than competence-strengthening activities. This is not to say that training in academics, efforts at changing anxiety levels, provision of opportunities for self-expression, and modification of behavior should not be engaged in, but it is suggested that the school that adjusts academic challenges and makes referrals of highly aggressive adolescents to community agencies for competence development may be acting more appropriately. Residential treatment centers must exist in communities to handle the difficult task of remedying adolescent aggressors (Rabinovitch, 1968).

How are the objectives of a program for emotionally disturbed pupils and the diagnosis of the nature of the disturbance tied together?

Diagnosis provides information about a pupil that is useful in producing improvement in the pupil or his situation. Diagnosis that is irrelevant to such an end is wasted effort. The psychologist, counselor, visiting teacher, school nurse, principal, classroom teacher, agency specialist, parent, curriculum supervisor, etc., that draw conclusions from the raw data of the pupil's experiences are engaged in diagnosis.

Diagnostic activities are directly related to the nature of the pupil change sought. A diagnosis is not a complete "child study" in the sense that all the information about a pupil is gathered at one time; a diagnosis is an effort to provide information that will aid in appropriate placement and remedial training.

The nature of diagnosis will depend on the placement opportunities available. A diagnosis will depend on the kinds of pupil change sought. If a school system decides to engage in improvement in pupil academic skills, anxiety levels, insights, and behaviors, then highly sophisticated diagnostic skills are involved. Educational strengths and weaknesses will need to be analyzed, levels of anxiety will have to be carefully judged, depth and accuracy of self beliefs, defense mechanisms operating, and social perceptions will have to be examined. The nature of the pupil's behavioral abnormalities will need to be classified. Family structure will need to be determined. The complexities of such diagnosis have been discussed by Wesman (1968), and the multiple causation of disorders diagrammed by Rosen and Gregory (1965).

A reaction against extensive and sophisticated diagnostic methods has been observed. Miller (1964), for example, produces evidence that the accuracy of clinical diagnostic methods is low. Tompkins (1968) questions the usefulness of highly sophisticated analysis in school settings and observes a national trend in schools toward diagnosis more relative to academic improvement and behavioral change (Clayton, 1965; Gloss, 1968; Krasner & Ullman, 1965; Labenne, 1967; Quay, 1966, 1968; Rubin, et. al., 1966; Stephens, 1965; Smith, 1968; Tolor & Lane, 1968).

A focus on academic and behavioral change does not suggest that goals relative to beneficial feelings and improved insight are unimportant. The evidence showing that attitude change follows behavioral change, suggests that the school which strengthens "outer" skills using established school techniques, may also improve "inner" conditions.

Diagnostic activities in a school system oriented toward directly improving academic and behavior skills will be somewhat less intensive as described above. Analysis of psychic dynamisms will not be directly pertinent.

Recent trends have been observed to add a "clinic teacher" to the diagnostic team. Clinic teachers function to bridge the gap between clinical specialists and classroom operations, thus helping the classroom teacher make better use of specialist information. Often diagnosis is conceived as a continual process, extending into the programming phase. Rabinovitch (1968) stresses the continual nature of diagnosis throughout the treatment process. The diagnosis initially determines the treatment, while the feedback from the treatment sharpens the diagnosis.

Is parent change necessary to produce pupil change?

"Common sense" tells us that the influence of the school is second to that of the home. However, the influence of school experiences grows greater as the older pupil becomes more independent of home influences. In particular, young children who are helped by both the home and the school stand a better chance of improved emotional development than the child whose parents negate nightly the daily efforts of the school.

The general consensus of writers appears to be that the school should make an effort to enlist the cooperation of parents in joint action to reduce emotional disorder. Children should not, however, be denied school remediation activities and curricular adjustments because of the inability of parents to change their child supervision patterns or their attitudes (Quay, et. al., 1966).

School efforts to work with parents could take the form of recommending appropriate literature such as Baruch, 1949, 1951; Chess, 1965; Johnson, 1959; Hymes, 1952;

Misseldine, 1963; and Nason, 1962. Free pamphlets on a number of child rearing topics are available through the State Division of Mental Hygiene. School efforts could also take the form of counseling by school or community personnel.

Cautions in parent counseling are offered by Jersild (1967):

> I believe that anything that creates needless hardships for parents also inflicts hardships on their children. Among the hardships large numbers of parents bear are feelings of guilt and inadequacy. These feelings have been fed by an oversimplified assessment of the forces that shape human development and behavior (p.19).

Jersild goes on to imply that untrained parent counseling often results in parent hardships because of lack of insight by the untrained into the complexities and interrelationships between parent and child. When parents and children are both troubled, the easy inference is made that that parents are the cause. It is often possible, however, that the parent and child are caught in situations where neither is to blame, or simply that the parent is troubled because the child is troubled.

A warning is given the schools by the experience of Donahue & Nichtern (1965), who attempted to provide group therapy for the parents of disturbed children in their program. Their first meeting was a total failure; it was so bad that no more were scheduled and parent contact was undertaken only by trained specialists on a one-to-one basis.

What are the problems involved in providing a special class for emotionally disturbed children?

There is a great deal of state-wide experimentation in special class approaches to educating the emotionally disturbed pupil (Gloss, 1968). While no accurate data are as yet available, it appears that most approaches favor programming primarily for the elementary age child; tentative results suggest that some improvement in pupils does occur when special classes are carefully planned and given the help of pupil services personnel.

Rubin, et. al. (1966) found that the only children who profited immediately after special class experience were neurotic-withdrawing children. Reliable information as to the long-term effectiveness of special class placement is simply not available due to the newness of the experimentation and the difficulties involved in keeping track of children over a period of several years.

Not only is the effectiveness of the special class being tested, but the kind of special class is also subject to increasing scrutiny. A table in a State Department pamphlet by Gloss (1968) summarizes the findings of a nation-wide survey of classes (Morse, et. al., 1964). Thus, there may be seven different theoretical approaches to special education classes, each shaping the nature of school goals, the role of the teacher, the degree of classroom limitations on behavior, and the extent of the diagnosis.

Another related question involves the location of the special class. Should it be in a regular school setting so as to prevent damaging emotionally disturbed pupils even further by isolating them from their more "healthy" peers? The point is well taken by Long (1968) that emotional disturbance makes a pupil an isolate anyway--therefore the location of the special class is of little consequence to such pupils. She observed that a classroom of skillfully disruptive pupils poses a serious problem to the principal of a regular school. It would appear that a separate school for emotionally disturbed pupils would be the best solution.

There is no information available relative to the most appropriate number of children that could be enrolled in a special school for emotionally disturbed pupils. Variables influencing the number would seem to be the nature of the building provided, the location of the building, the numbers of highly aggressive pupils needing maximum control, the number and degree of sophistication of specialists assigned, and the classroom teacher-pupil ratio. It is observed that Glenwood School, the Columbus school for moderately disturbed pupils, makes provision for 80 pupils in the setting located on the State Hospital grounds. Georgesville School, in the Southwestern City School District near Columbus, provides for about 60 severely emotionally disturbed pupils who are in residence at Franklin Village.

What range of services and programs is available to the school system desiring to reduce emotional disorder?

Rubin, et. al. (1966) conclude the report on their experiment with special classes for the emotionally handicapped with this admonition:

> We would insist on the special class program as only one of a continuum of services available to the maladjusted child within the school or community. Visiting teacher services, consultation to the regular class teacher, remedial reading instruction, all are possible alternatives or supplements to the special class. Child guidance day care or hospital treatment may be the method of choice for others too disturbed to truly benefit at school. Only by utilizing this range of services can the special class program be prevented from becoming a dumping ground (p.236).

An adequate staff of curriculum and pupil services specialists is seen as an integral part of the necessary range of services which may also include special classes for the emotionally disturbed.

A school system desiring to expand its efforts in prevention and reduction of emotional disorder could consider many new programs. Group counseling of many types, adaptations of the "Higher Horizon" programs for disadvantaged emotionally disturbed adolescents, parent group counseling, nutrition periods to lower anxiety levels and increase sociability, the crisis teacher program (Redl, 1959), game approaches, Montessori techniques, extensive remedial reading services, and non-graded school structures are all possible programs that can be used to reduce emotional casualities among pupils (Bower in Bonham & Stephens, 1967). There have even been attempts to extend the non-graded classroom approach to individualizing instruction into the secondary school.

A promising new vehicle for reducing existing emotional disturbance is the use of para-professionals who perform various functions with minimum training. Donahue & Nichter (1965), and Stoffer (1968) describe the effectiveness and economy of the "teacher-mom" who acts to provide a therapeutic relationship several periods during the week while a child is attending school. The "Big Brother" movement in communities is an example of the usefulness of taking advantage of volunteer help to aid the emotional development of children. Toler & Lane (1968) have developed a school-community action project that is just getting under way which uses college-educated volunteers to act as "social counselors" with minimum formal training in the role. The use of para-professionals has been found to be useful in psychotherapy, and at times embarrassingly superior to trained personnel (Poser, 1966).

Diagnostic and treatment centers are being experimentally developed in Toledo, Cincinnati, St. Louis, and Milwaukee in an effort to focus the work of many professionals on both pupil problems in the classroom and on programming problems in special classes for the emotionally disturbed. As Quay, et. al., point out (1966), the goals of the special classes should include the developing of special techniques that can be transferred to the regular classroom situation and thus enhance the whole school system's effectiveness in working with the emotional development of children. It should be mentioned that the use of para-professionals and the development of diagnostic treatment centers are often a minimal cost to a school system because of the probability of out-of-system funding.

The provision of special classes for the emotionally disturbed child is then just one of many efforts that schools could make. All efforts are experimental and hence unproven. The basic question behind implementation of any of these programs is whether a school system is committed to innovation and is willing to engage in the sophisticated, highly exciting, and sometimes discouraging type of activity characteristic of experimentation.

What is the relative responsibility of the school and the community in reducing emotional disorder?

By virtue of its daily impact on all children and its subsequent opportunity to strengthen pupils and adjust challenges, the school is in the business of preventing and reducing emotional disturbance whether it wants to be or not.

Non-school agencies also act for the community by focusing on many different aspects of family and individual functioning and are directly involved with the emotional development of children. As a result of discussions with several authorities (Dr. Long, of the St. Louis Public Schools; Mr. Jensen, of the Milwaukee Public Schools), attendance at a workshop led by Dr. Rabinovitch, Director of Hawthorne Treatment Center in Michigan, and as a consequence of directed reading on the topic, the following discussion is offered as discriptive of the relative responsibilities borne by the school and other agencies.

It is felt that the school bears the maximum community responsibility for helping parents prevent and reduce emotional disorder up to the limits of its capacity. When its capacity is low, more emotionally disturbed pupils must be declared "uneducable," forcing community agencies to handle more problems. In such a situation, agencies become overloaded and incapable of handling the large numbers referred. When schools are allowed more facilities, they assume responsibility for more seriously disturbed pupils, reducing the load on other agencies.

The schools may continue to assume some responsibility even with children and adolescents under total care of day and residential agencies. An agency that requests educational programming should be given school services as long as the agency provides appropriate conditions for teaching.

The community (or state or federal government) that fails to provide both its schools and its agencies with the necessary funds to provide sufficient facilities suffers consequences not only in terms of wasted human potential, but also in terms of personal and property damage from delinquent youths.

It should be emphasized that the severely disturbed pupil (psychotic, highly aggressive), and the low-anxious sociopath are considered untreatable in an open day school setting. When the condition of pupils has been resistant to all school services available, pupils become the responsibility of other community agencies. It is strongly felt (Coleman, 1964; Rosen & Gregory, 1965; Stephens, 1965) that residential treatment methods are required for such pupils. The point is made by both Stephens (1965) and Rabinovitch (1968) that school staffs often do harm to both themselves and to other pupils by attempting to contain highly resisting pupils in classroom programs. Of course if a community does not provide agencies to work with severely disordered pupils, and school personnel must choose between hard custodial work or turning pupils loose in the streets, their choice to suffer the burden of stressful "baby-sitting" is understandable and even heroic.

The point is also made by Rabinovitch that teachers are humans with personality strengths and weaknesses. Administrators and others in the community who treat any teacher deviation from perfection as professional failure are being unreasonable.

How is the worth of programs and services determined?

There is a current tendency in education to confuse the process with the product in evaluating the worth of programs and services. A program tends to be accepted as worthwhile if the staff work well together, use equipment as prescribed by the manufacturer, and feel secure in role and function. The intent of the program or service--improvement in the pupil--is neglected.

The critical public has no such dedication to the process. They want to know if pupils have been affected. They have little concern about the workings of the machinery.

Campbell & Stanley (1963) point out that disenchantment with educational experimentation grew in the 1930's as a reaction to the one-shot, single variable, eclectic experiment that was typical of the 1920's. A new era is seen to be dawning because of the desperate need for facts and because of new concepts and techniques in experimentation.

Alpert (1967) discusses the difference between the technology and the strategy of research, suggesting that educators need not be familiar with the technology in order to benefit from using the strategy of research, which is:

> . . . a way of looking at one's daily endeavors which is based on the assumption that we can constantly ask answerable questions of ourselves, and then conscientiously seek out the answers as best we can. These answers we then feed back into our daily activities and then continue to ask questions. Whether one is a teacher, student, parent, psychologist or for that matter in any walk of life, a questioning mind is associated with innovation, novelty, and a resultant increase in dynamic enthusiasm (p. 10).

Very simply, the worth of programs and services to enhance the emotional development of children is determined by the degree of change in the pupil, either by comparison with pupils not exposed to the program or service, or with respect to a known baseline (Helson, 1964). Campbell & Stanley (1963) discuss such problems of comparison in different kinds of educational research strategy.

Integral to such an approach is the ability to predict exactly what pupil changes are expected from the experimental treatment. Is the objective of the program academic improvement? Or, is the objective changed anxiety level, insight enlargement, behavior change? Once the objectives have been set, testing or rating may be used to determine the actual effect of the program or service on the pupil. A wide variety of tests and rating scales have been standardized and are available (Horrocks, 1964; Shaw & Wright, 1967). Tests of various objectives may also be constructed by the researcher if tests are available.

Research strategy must always allow for the error of assuming methodological success when the actual influence on the pupil is increased attention. Borgatta (1959), for example, feels that such an error is all too common in experimentation with the emotionally disturbed, and facetiously proposes a new type of treatment which he calls "placebo therapy." Disturbed individuals are placed on a waiting list (a form of attention) as a formal treatment program.

Do children "get well" without extra help?

There appears to be no accurate answer to this question. Not only is there little agreement as to what "wellness" is, but there are many problems in defining "help." The child who is disturbed because of family problems may improve the following year because the family problems cleared up. The adolescent who appears highly anxious one year may improve because of a gain in acceptance from his peers, reflecting musical skill which he developed during his year of lineliness. The child with high anxieties may begin to increasingly repress his feelings and perceptions and appear happy; the repressions may not appear as weaknesses until adulthood.

It is apparent that such "spontaneous" recoveries do take place (Stephens, 1965; Sundberg & Tyler, 1962). There is danger, however, in planning programs and services at a low level on the assumption that mild and moderate disorders will eventually go away. By the time the pupil shows that he clearly needs more help than time alone, the disorder has been allowed to create irreversible loss of competence (Prudhommeau, 1961) and becomes resistant to all but the most highly skilled treatment.

PART TWO

RECOMMENDATIONS FOR PROGRAM DEVELOPMENT
IN THE COLUMBUS PUBLIC SCHOOLS

PART TWO

Recommendations for Program Development in the Columbus Public Schools

Donahue & Nichtern (1965) review the educator's problem in the following manner:

> Regardless of the level at which he works, the educator's job is one of identification and adaptation. He must identify the needs of children for whom he is responsible and then adapt the program to those needs. Too often, however, this is not what happens. A group mold is designed and developed and the children are stuffed into this preconceived mold and kneaded and prodded to fit it. This works for those who fit. But what of those who can't or won't? These are the ones who have to face a daily dose of failure. What child--or adult for that matter--can long tolerate or survive a daily dose of failure? These are the discards, the push-outs, and maybe, eventually, the hopelessly unemployed or delinquent.
>
> If improvement in the quality of education is to be made in this country, it is going to come through improved human relations in the classroom and greater facility in identifying children's needs and adapting to them (p. 28).

The recommendations for refinement and enlargement of existing school efforts flow easily from the previous chapters and from the succinct paragraph above. The reader is encouraged to contribute his own thinking to the suggestions that follow.

It is recommended that the Columbus Public Schools consider:

1. Adopting a theoretical approach to the prevention and reduction of emotional disorder.

   The Columbus Public Schools should be fully commited to either the theoretical approach of this study or one similar in order to derive the benefits of having a single theoretical orientation to prevention and reduction of emotional disorder in all pupils.

2. Increasing both remedial and placement opportunities for all pupils.

   While both remedial efforts and curriculum adaptations should be made at all grade levels, a remediation focus in the elementary school and a curriculum placement focus in the secondary school would provide the maximum beneficial effect on emotional development.

3. Emphasizing the importance of school practices on the emotional-motivational development of pupils.

   Specialist personnel qualified to advise in the area of emotional-motivational development of children should be increasingly included in decision-making processes.

   Inservice experiences of the school staff should routinely include consideration of practices benefiting the emotional development of children. Use of a single theoretical approach to emotional development is recommended to avoid the confusions often resulting from the use of an atheoretical, multi-theoretical, or inapplicable conceptual scheme.

4. Adopting a research-strategy attitude towards innovations.

   It has been shown that many school approaches may be made toward reducing emotional disorder in pupils. Because of the newness of the programs throughout the country, none is proven as yet to be effective. A research attitude, supported by objective evidence of pupil improvement, enables the administrator to provide pupils with effective programs.

5. Increasing efforts to seek out-of-system funding for experimental and demonstration projects.

   Funding for innovative projects should be actively sought by the Columbus Public Schools. While eventual financing of proven programs may eventually have to be assumed locally, the school system will be in a strong position to present local sources of support (community-state) with clear information regarding the worth of the programs.

6. Encouraging school and college staff members to engage in experimentation involving Columbus pupils, parents, and teachers.

   While it is recognized that implementation of this suggestion will require a high degree of cooperation, careful planning, and much supervision, the benefits accruing to the Columbus Public Schools in terms of new information generated and increased insights of school personnel is felt to be considerable. The increased visibility given the schools in college classrooms is also felt to enhance the reputation of the school system.

   Guidelines for research proposals could be drawn up and given approval by Columbus school administrators. These guidelines would be made available to researchers and would help researchers design studies and proposals appropriate to the public school setting and thus increase the probability of administrative and parent approval.

7. Immediate assignment of qualified school personnel to explore, plan, and seek funding relative to such innovative educational practices as:

   a. The development of a parent-staff booklet containing a listing of desirable child supervision activities contributing to the increase of achievement motivation in children. Prototypes for such a booklet may be found in Nason's Help Your Child Succeed in School (1962) and Huber's As the Twig is Bent (1950).

   b. The use of minimally trained "para-professionals" to provide anxiety-reducing "relationship" contacts with emotionally disordered pupils, to provide case movement activities assisting visiting teachers, and to provide parent reception duties in pupil services offices.

   c. The adoption of non-graded organizational structures for pupils, with emphasis on the non-graded primary.

   d. The creation of a trial nursery-school program for two- and three-year-olds.

e. The development of behavioral control techniques to replace high anxiety producing punishments.

f. The expansion of occupational training programs and the adoption of individualized tutorial programs for non-academically oriented adolescents.

g. The involvement of adolescents in community development projects to provide socially valued roles to an age in transition.

h. The development of an instructional materials center as a resource for teachers of children with learning disabilities. Such materials as the Montessori equipment and the various devices used to increase perceptual-motor skills should be included and evaluated for applicability in many school programs.

8. Immediate assignment of a qualified staff member to study, plan, and seek funding for the pilot phase of a Diagnostic and Programming Center to eventually serve the Columbus metropolitan area.

It is felt that the current administrative structure of pupil services, while necessary to supervise specialist functions, is confusing and ineffective when working with pupils having many learning and behavioral handicaps. Such pupils require a multidisciplinary approach, and could most effectively be helped through a Center organized to bring the skills of several disciplines together in a problem-solving structure.

This Center could be guided by a committee of pupil services administrators. It should be administered by a specialist highly trained in diagnosis, remediation, and placement.

A pupil services unit in the Center is needed so that staffs in Child Study, Special Education, Pupil Personnel, Health Services, and Instruction can offer comprehensive services to individual pupils seriously disabled by learning or behavioral problems. Personnel would cooperatively engage in diagnosis, case movement, and appropriate referral for remediation or placement.

A remedial reading unit in the Center is needed to unify efforts of the staff in Instruction, Child Study, Special Education, and Adult Education. Such unification would enable personnel to develop a common approach, acquire equipment, give extensive city-wide pupil remedial reading service, and upgrade remedial activities in the regular classrooms of the system through inservice activities.

A work-study unit in the Center is needed in order that staff in Special Education, Pupil Personnel, Child Study and Industrial Education can share common pupil files, develop increased insights, and present a coordinated approach to prospective employers and school personnel.

Other units could be added to the Center as needed.

The Center could be established on an experimental basis and funded from a single or a variety of out-of-system sources. The Center would serve as a major inservice focus for both classroom teachers and supportive services personnel. The Center, if successful, could grow into a county-wide school-and-community resource, which is badly needed. Similar centralized movements toward functional unity are currently experimentally established in Toledo, Cincinnati, St. Louis, Milwaukee, and Bridgeport, Connecticut. It is observed that failure to achieve unity by function results in poor communication, contributes to staff rivalries, and presents a confusing appearance to the general school staff, parents, and the public.

The personnel of the Center could provide leadership in highly complex areas; such leadership could grow beyond the local scene through publications and workshops. The high visibility of such an innovative effort could also enhance the reputation of the school system.

While initially the Center should be housed in one central location because of the need for staff training and equipment, units in the Center could eventually establish sub-units in different parts of the city as a focal point for all personnel engaged in diagnosis and programming for atypical pupils.

It should be noted that the establishment of a Diagnostic and Programming Center probably would result in minimal cost to the Columbus Public Schools since out-of-system funding (when the innovative aspect of the project is completed), the Center could be expanded or modified, depending on the extent of support obtained from state and local metropolitan sources.

Because of the complexity of the problems that need to be worked through, and because funding may have to be secured from many sources, it is recommended that the staff member assigned be given at least one year to investigate, plan, establish funding commitments, and locate qualified personnel.

9. Opening a new experimental day school for moderately emotionally disturbed pupils.

   The Columbus public school pupils who have been attending the residential day school facility known as Glenwood School could comprise the initial enrollment in the new school. The new school should be located on school property; it should be staffed and administered by employees of the Columbus Board of Education.

   This new facility should be placed on an experimental basis, and should be evaluated in terms of a design developed by the Director of Research and Evaluation. Should objective evaluation show that attendance at the school does not result in the achievement of pre-stated pupil improvements, the program should be modified accordingly.

   Criteria for admission and retention in this new day school should include the pupil's ability to be contained in an open school setting. Pupils not accepted because of a history of highly aggressive behavior or because of severe emotional disturbance should be given alternate placement recommendations and assistance in such placement by pupil services specialists.

10. Offering educational service to residential treatment centers.

    Educational programs should be provided to residential treatment centers as supplementary to the treatment program of the institution. Criteria for providing programs should include the institution's ability to provide adequate space, routine release of pupils for specified periods during the day, and the institution's recognition of the value of school achievement to the reduction of emotional disorder.

While the school staff in such programs would be expected to modify procedures somewhat to conform to residential treatment philosophies, minimum standards for valid educational programs should not be violated. Such a school staff must always be under the complete direction of Columbus public school administrators.

Models for appropriate programs exist presently in seven institutions serving pupils with various kinds of handicaps. Criteria for state support of programs in residential centers for emotionally disturbed children are on file at the Department of Special Education, Columbus Public Schools. Educational programs may take the form of teacher-class relationships or tutoring by individual teachers.

11. Increasing emphasis on pupil services functions.

Many pupil services of the Columbus Public Schools are used by children enrolled in parochial schools. For example, these schools rely on Department of Pupil Personnel staff to perform functions connected with pupil adjustment and pupil accounting. Testing is available through the Department of Child Study and special facilities are provided through the Department of Special Education. In many ways, pupil services departments in the Columbus Public Schools serve a pupil population of 123,000 rather than the 107,000 currently attending public school classes.

Adequate specialist support to pupils and teachers is necessary to provide a quality education for all children in the city of Columbus. An increased emphasis on the contributions of the Departments of Child Study, Health Services, Pupil Personnel, and Special Education may be demonstrated by:

a. Assignment of crisis specialists to work within each of the Departments of Child Study, Pupil Personnel, and Special Education. One specialist should be assigned to each department. A fourth specialist should be assigned to the Assistant Superintendent, Division of Pupil Services. The function of these field workers would be to handle the critical pupil diagnostic, placement, and referral problems currently absorbing much of the energies of pupil services administrators. Such absorption of energy is felt to detract from the supervisory function of the administrators. Other large cities, such as Cincinnati and Milwaukee, have moved in this direction.

b. Assignment of full-time supervisory personnel at supervisory rank to work with pupil services staffs of over ten in number.

c. Providion for increased inservice and college training for all pupil services staffs.

d. Provision for increased communication both within and between specialist staffs. Increased communication could result from inservice functions and from the creation of a centralized pupil services "room" on the order of a teachers' room in schools. The pupil services room should be located near the central office headquarters. Increased communication is seen to be necessary for an interdisciplinary approach to helping children.

e. Enlargement of the numbers of qualified staff members to move closer to the desirable numbers suggested by State Department personnel as listed in a previous section of this report. In particular, it is noted that the current number of school psychologists employed in the Columbus Public Schools (12) does not even meet the minimum level required for State reimbursement in the past (20), much less approximate the recommended figure for adequate service for a system the size of Columbus (40). It is also noted that the current equivalent full-time number of pupil accounting personnel in the Department of Pupil Personnel (1½) falls far short of the number recommended by the State Department of Education (10).

f. Establishment of a specialist rank, a pay-status differential for all certified specialists with master's degrees. It is felt that such a move is necessary to recruit personnel, retain qualified staff, and provide incentive to specialists in need of advanced training.

g. Provision of adequate working conditions for pupil services staff commensurate with professional status and within standards listed in the State Department publication The Organization of Pupil Services (Bonham & Wysong, 1964). Staff members who must share a desk with too many other associates, who are denied free and easy access to a phone, who must counsel or test in crowded, noisy, and unventilated situations, and who are denied prompt and efficient secretarial service, cannot function to the limit of their abilities. Not only does counseling become less effective and test results more suspect, but staff morale lessens, contributing further to loss of effective functioning. Recruitment of new specialist personnel is often influenced by working conditions as well as pay rates and provision for professional growth.

h. Merger of separate departmental files into one pupil services file. At present three separate departmental files exist for the four departments involved in pupil services. While some information is shared by using document reproduction procedures and personnel time, communication between departments is felt to be hampered. Such a central file would reduce the incidence of duplication of efforts that is felt to exist currently. Administrators seeking pupil information in response to parent inquiries would find such information from all departments readily available.

i. Provision of released time for staff members to contribute resource information, school insights, and leadership to community groups devoted to community mental health. The schools would benefit from agency support for enlarged programs and services, and community groups would benefit from school support for increased facilities for helping children.

j. Employment of a school psychiatrist sympathetic with the goals and problems of education. The position should initially be created on an hourly basis as needed. Approval of employment should be sought from pupil services administrators. The need for the function in schools is seen for programs dealing directly with the reduction of emotional disorder in pupils, in liaison activities with community mental health professionals, and in consultation with pupil services staff members.

k. Placement of all Directors of Pupil Service departments on a 12-month contract (Schedule F) in order to provide more time for innovative planning and to recompense those directors already volunteering portions of their extended vacation preparing reports, materials, and outlines for the following school year.

1. Creation of a standing committee composed of pupil services administrators to advise line administration as to solutions of mutual problems and to act as a screening board for pupils needing exclusion and community referral. This committee should meet weekly or bi-weekly on a routine basis. Crisis specialists (see Item "a") could perform supportive functions adding to the effectiveness of the committee.

Cost

The costs of implementing the non-funded recommendations of this study remain to be calculated. It is suggested that the Advisory Committee serving this study be reconvened in early August to develop an estimate of costs for recommendations approved as desirable by officers of the Board of Education.

APPENDIXES

Appendix A

DESCRIPTION OF PROJECT ACTIVITIES

April, 1968

Background

Prior to 1962, the Columbus Public Schools provided for the education of emotionally disturbed children solely through special adjustments in the regular classroom, often in consultation with specialists in the school and community. In September, 1962, the school system began operating a special school for seriously disturbed pupils in partnership with the Columbus State Hospital. In March, 1968, home instruction and supplemental tutoring became available for emotionally disabled pupils who were under the care of a psychiatrist.

The Columbus Public Schools have moved ahead with new programs in keeping with the growing nationwide interest in the education of the emotionally handicapped child. However, many problems have been encountered that defy easy solutions. Typical questions asked involve the nature of emotional needs to know the variety of educational programs available and the approximate cost of each. An educator seeking help from mental health and clinical specialists encounters difficulties inherent in inter-disciplinary cooperation. The educator faced with public pressure to effect changes in disabled children needs to have information as to the effectiveness of types of programs.

Description of Project and Objectives

A full time administrator-psychologist will be employed to gather information pertinent to the problems of educating emotionally disturbed children. This information will be used by the Columbus Public Schools in developing future programs for children with this handicap. It is planned that the administrator will initially identify areas of major concern to the Columbus Public Schools, then move into information collection from sources pertinent to the problem areas. A summary report will be prepared and will include an evaluation of the information collected and suggestions for program development with short- and long-term considerations.

Appendix A -- continued

Time Schedule

The program will begin on April 1, 1968, and run for a period of 13 weeks, ending on June 28, 1968. It is planned to roughly divide the project period into three units, with the first month being devoted to determining the areas of major concern to Columbus educators and in becoming familiar with the content of the literature, the effective programs available for visitation, and the knowledgeable authorities in the field of the education and treatment of emotionally disabled pupils. The activities of the second month will shift toward gathering information in the field. The third month will be spent in developing the project report. The following tentative schedule has been developed:

Week	Activity
4-1 to 4-5-68	Confer with Columbus school officials to determine areas of concern.
to 4-12	Same as above.
to 4-19	Search of literature.
to 4-26	Same as above.
to 5-3	Search of literature; begin to confer with local authoritative persons in the Central Ohio area.
to 5-10	Confer with local authoritative persons in the Central Ohio area.
to 5-17	Selective field visitations to effective programs in and near Ohio.
to 5-24	Summarize information obtained to date.
to 5-31	Gather information judged needed to complete study.
to 6-7	Outline framework of report.
to 6-14	Write first draft of report.
to 6-21	Confer with interested parties regarding need for additions, corrections.
to 6-28	Write final report and abstract.

Evaluation

Since the purpose of this project is to provide school planners with information relative to problem areas, the major evaluation of the worth of the project will be measured by its usefulness to the administrative staff of the Columbus Public Schools.

The quality of the report itself may be judged by such criteria as:

1. The pertinence of the problem areas initially derived from school personnel.
2. Relevance of obtained information to problem areas.

Appendix A -- continued

3. Reliability and validity of information.
4. Objectivity of evaluation of information.
5. Practicality of suggestions made.

Dissemination Activities

It is planned to submit a full written report to the Department of Special Education of the State of Ohio, and to the administrative officers of the Columbus Public Schools. The report or portions thereof will be distributed to interested parties within or without the school system with the approval of the Superintendent of the Columbus Public Schools.

Appendix B

CONFIRMING LETTER TO ADVISORY COMMITTEE

To: Robert Carter
Clayton Ferrell
Floyd Heil
William Jenkins
Carey Paul
H. M. Williams

From: Court Mussman

Date: April 22, 1968

Attached please find a transcript of our meeting Friday. As agreed, we will meet again on Friday, May 17, at 8:30 to 9:30 in Room 207. Following is an attempt at a summary of our remarks:

APPROACH OF STUDY. You approved the approach as outlined in the draft outline of the project report, but strongly recommended that the final outcome of the study be specific in terms of what should be done. You agreed to support the specificity of the recommendations if such recommendations had the prior approval of both you and the State Department personnel. You felt that the study recommendations should be written with a view to presenting critical questions to the neighborhood seminars in the Fall to pave the way for eventual financial support from the voters.

FIELD VISITATIONS. You suggested that viable programs may exist in Milwaukee, Indianapolis, Philadelphia, and Cleveland. It was suggested that the visitations be focused on programs run by boards of education.

BLOCKS TO PROGRAM DEVELOPMENT. You strongly felt that the main block was lack of money for staff and facilities. The need for increased cooperation and communication was stressed several times.

MAIN POINTS OF DISCUSSION:

1. There are 10,000 children in Columbus who suffer from various degrees of disabling emotional disturbance. Emotional disturbance is often a component disability along with cultural, social, and neurological disabilities, all leading to general learning and behavioral disabilities.

Unresolved: What degree of precision is needed in the diagnosis of the cause of the learning and behavioral disability? What is the most effective and most efficient method of diagnosing etiology? Are different teaching and service methods more effective with one type of child than another?

2. We are not currently meeting the need for services and programs for the emotionally disturbed. If we don't move ahead in this area, we will be subject to more mental health and public pressures and may expect a continued unfavorable image in this area. We need staff and facilities, not advice.

   Unresolved: What is the responsibility of the public school in treating and educating emotionally disturbed children? If we stop at the point of only educating the educable, with modern medication, what child is not educable?

3. Work with the home is an absolute essential in reducing emotional disturbance. School based programs alone can be negated if the pathological home continues to perpetuate the problem.

4. Only the school has the child day in and day out for years. No community agency can come close to matching the opportunity to help the child that is given to the school. Residential schools only serve limited categories of learning and behavioral disturbance, and then only those whose families have the money and whose problem can wait out the usual waiting period of a year or more.

5. Teachers in the regular classroom and teachers of the emotionally disturbed need in-service and college credit courses. The regular classroom teacher needs help in more accurately identifying pupils for referral and the teacher of the emotionally disturbed needs to have a course pattern to improve effectiveness.

   Unresolved: How important are courses in improving the effectiveness of teachers of the emotionally disturbed? Is superior, dedicated teaching by a teacher with a certain personality the prime ingredient? Is specialized knowledge of the education of this type of child indispensible?

6. Funding for services and programs may be available through the Comprehensive Mental Health Plan.

Appendix B -- continued

Although I have attempted to be quite objective in drawing up this summary, my biases may have had too great an influence. Please send me a note through Miss Virginia Cook, Dr. Davis' secretary, if you would like to emphasize a point or register an objection. If I do not hear from you, I will assume you support the summary as it stands, as well as the sub-item summaries shown beside the transcript statements.

I don't know your reactions to the meeting Friday, but I was impressed by the richness of the ideas expressed and by the depth of feeling you all showed for the need of joint program development. To me, the meeting was an auspicious beginning for the study.

cc: J. L. Davis
C. L. Dumaree
J. S. Wade

F. P. Gross
Department of Special Education
State of Ohio

Appendix C

REPORTS OF FIELD INVESTIGATIONS

1. Trip to Georgesville Residential School, Southwestern City Schools, Franklin County, Ohio, on April 24, 1968.

Conversations with:	Miss Faye Alban, Consultant, Department of Special Education
	Mr. Robert Boggs, Principal, Georgesville School
	Teaching Staff
Program observed:	Interest group period

Overview:

The school provides schooling for emotionally disturbed pupils in all grades who are in residence at Franklin Village, which is supervised by the Franklin County Child Welfare Board. Seven teachers, a child care worker, a clinical psychologist (consulting), and a full-time social worker are employed to serve approximately 60 pupils in a school building located in a rural setting. A cafeteria and a gym are provided.

There is joint sponsorship of the school by the Child Welfare Board and the school system, with financial support provided through the State. Children are provided psychiatric treatment by personnel of the Child Welfare Board.

Teachers are encouraged by mental health consultants to perform traditional teaching roles with a high degree of skill, while giving much emphasis on maintaining a good personal relationship. Children are viewed as ready for increased academic work when their dress, attitudes, and behavior indicate a reduction of psychic pathology. Return to regular classes is supervised and arranged gradually to avoid the effects of re-adjustment stress.

Pupils are treated individually, according to the needs of each, although groupings are suggested according to life style. It is felt that most students can be categorized in terms of being: 1) confused, 2) hostile, 3) demanding, or 4) resistant. Most students can be given differential treatment according to their position in these groupings.

2. Trip to the Department of Special Education and the Diagnostic Center and Adjustment Classes (ESEA, Title III), St. Louis Public Schools, on May 27, 1968.

Conversations with:

Mr. Walter Kopp, Director of Special Education

Dr. Ruby Long, Director, Diagnostic Center and Adjustment Classes; Associate Professor, University of Missouri

Mrs. Kimi, Teacher, Classes for Emotionally Disturbed

Mr. Buckholtz, University Consultant, Social Exchange Project

Specialist Staff, Diagnostic Center

Program viewed: Social Exchange Project classrooms

Overview:

The nature and the characteristics of the population of the city of St. Louis is rapidly changing, leading to a need for a re-focus of school objectives to meet the challenge of educating large numbers of children with cultural and educational deficiencies. The pupil population is 117,000.

The state of Missouri supports special programs and services at a low level. Of the $4,000,000 budgeted for special programs and services this year, the State returns approximately $750,000, or less than 20%, which is a rate far below the current Ohio state support level.

Number of pupil services and curriculum specialists are: remedial reading teachers, 83; nurses, 66; psycometrists, 14; psychologists, 2; psychiatrists, 2 (part time); supervisors, 10; welfare workers, 39. It should be noted that no State support is given for these personnel.

While 8200 pupils are served by the Department of Special Education, the Director estimates that twice that figure need special help for various kinds of learning handicaps.

There is a reading clinic to serve each of the six administrative districts in St. Louis, and a seventh to serve as a training facility. In all seven clinics, there is an emphasis on training teachers in addition to providing diagnostic and remedial service to pupils. Reading clinics have been part of the St. Louis program since 1943.

Appendix C -- continued

St. Louis has had an ungraded primary in the system for many years. The ungraded primary was judged to be quite successful, but did create pupil problems in transition later in school when the graded program began.

Three classes for emotionally disturbed children are provided in support of two local community agency programs. Eight day classes are organized in elementary schools through an experimental unit as part of the total Diagnostic Center and Adjustment Classes ESEA Title III project. The Diagnostic Clinic functions as an experiment in team approaches to diagnosis. The kind of information resulting from the three-year study will provide answers that will be used as a guide for further program development.

The St. Louis schools provide occupational-type training for the academically unskilled adolescent. Fifteen classes for socially maladjusted adolescents are provided in three residential settings.

Four times a year, parents are invited to visit the schools to hear a major presentation of an important phase of the school program. Once a month parent and community leaders are invited to tour aspects of the school program and report their findings back to the groups they represent. The results of these policies appear favorable.

3. Trip to the Administration Building of the Milwaukee Public Schools on May 28, 1968.

Conversations with:	T. J. Kuemmerlein, Executive Director, Department of Pupil Personnel
	Normal Gavin, Department of Community Relations
	Gordon Jensen, Supervisor, Department of Special Education
	Mrs. Ann Gulen, Clinic Teacher, Child Study Center
	George Friedrich, Supervisor, Special Projects, Department of Secondary Curriculum and Instruction

Appendix C -- continued

Overview:

The Milwaukee Public Schools appear to be undergoing extensive reorganization. They are expanding their recently built administration building, decentralizing their central office administration, and are adding a new department of planning and research. The system serves a pupil population of 129,000.

It was observed that the system has had a well functioning non-graded primary organization. The impression was received that the organization was quite satisfactory.

There seems to be a major emphasis in the system on meeting special needs of pupils. While they do provide extensive services, their pupil cost for the year was $520. This emphasis may have been possible through the extensive use of State and Federal funding. One example was their addition of 15 school psychologists this year through out-of-system funding. They have published a booklet listing 80 separate programs in the system devoted to increasing attention to special needs of children not met in the regular curriculum, including both services and curriculum additions, from "Head Start" to math remediation.

Some numbers of pupil services personnel are: school psychologists, 33; school social workers, 66; speech therapists, 50; psychiatrists, 4 (part time). Certificated personnel are ranked as supervisors on the pay scale. Each pupil services department has a field worker assigned to handle crisis problems.

In addition to many reading clinics scattered over the city, the system has recently, at its own expense, instituted a Child Study Center staffed by five dental health specialists and two clinic teachers whose function is diagnosis and consultation with classroom teachers regarding pupil adjustment problems. The consultation is done by the clinic teachers because it is felt that mental health specialists often have problems communicating to teachers, thus needing a liaison interpreter.

Five classes for emotionally disturbed children are organized in elementary schools. Several classes for the emotionally disturbed adolescent under the rubric of delinquency prevention are sponsored. Occupational-type education is offered for the non-academically equipped adolescent.

Appendix D

ADVISORY COMMITTEE COMMENTS

Mr. R. W. Carter, Director of Administrative Services:

The role of public education in its relationship with the emotionally disturbed child has always been, at best, vague. This is caused in part by questions about the educability of the child, indefinable lines between education and treatment, and the degree of responsibility that the community assumes for the emotionally disturbed youngster. The study The Prevention and Reduction of Emotional Disorder in Pupils is an evaluation of these problems and at the same time offers public education a concept to hold and a program to follow in its role with the emotionally disturbed child.

Dr. M. C. Mussman has done an outstanding job defining the problem and presenting a theoretical orientation to causes and treatment of emotional disorder in pupils. I wholeheartedly support his concepts of emotional disorder and I concur with the recommendations that follow. I believe these recommendations will present the Columbus Public Schools a positive direction in their efforts to work with the emotionally handicapped child.

Mr. Clayton E. Ferrell, Director of Child Study and Student Counseling:

I endorse wholeheartedly, and I concur completely, with the rationale presented for a new approach to serving the mental health concerns of children in the Columbus schools. Before our schools can develop programs which directly influence the emotional development of children, there has to be a definition of the problem; there has to be an estimate of the dimension of the problem; and finally, there has to be a clearly defined program which will give substance to the theoretical statement of need. This preliminary draft has accomplished the foregoing, and moves theory towards a workable model for action.

The recommendations in Part II move from the fundamental postulates stated in Part I toward suggestions for action programs. Implicit in all suggestions for improved programs for the emotional development of children is the need for (a) much more specialized staff, such as psychologists, etc., and (b) much more working space for such programs, as befits any effort to which the Scolumbus school system commits itself wholeheartedly.

Appendix D -- continued

Dr. Floyd F. Heil, Director of Special Education:

Dr. Mussman's study has been thoroughly documented by statements and quotations from authors in the field of emotional disturbance. His suggestions and recommendations seem practical. Implementation of total recommendations will take some time because of the complexity of problems to be considered.

This study has been made and the report written in a very skillful manner. I approve of this report and Dr. Mussman's carefully written recommendations.

Mr. William Jenkins, Principal, Glenwood School:

This is a rather comprehensive report especially considering the immediacy of the problem and the time available for pursuing it. It provides us with a very practical background for directing our efforts to better serve Columbus public-school children.

The report has effectively presented the scope of the problem and what is being accomplished by other school systems toward meeting the problem. Several possible directions the Columbus Board of Education may choose to travel are offered, all of which would help our students. Various means of improving pupil services at small cost to the citizens of our community are suggested.

I would like to voice my support for what I feel is an urgently needed, well prepared report. It can be most beneficial in improving the mental health, efficiency, and safety of our future community.

Appendix D -- continued

Carey B. Paul, M.D., Director of Health Services:

I have reviewed your recommendations for implementation of a Mental Health Program for the Columbus Public Schools. I agree with your recommendations.

I would like to re-emphasize the necessity of employing a part-time school psychiatrist to consult with the program, particularly in the area of classrooms for emotionally disturbed children. We must also realize the limitations of a school system in dealing with problems of this nature, without concurrent involvement of the family unit. I feel the above need can be met by properly structured "multi-diagnostic and treatment centers" as indicated in the recommendations.

This program would indeed be a large forward step in meeting serious needs in the community and the schools.

Mr. H. M. Williams, Director of Pupil Personnel:

In order to provide effectiveness and efficiency in working with boys and girls, it is important to have sufficient space for Pupil Services personnel. A work unit space should be available, as well as a telephone in order to have adequate working conditions.

I concur with the prepared manuscript on Prevention and Reduction of Emotional Disturbance in Pupils. It is very complete and concise.

Dr. Mussman has done an excellent job in preparing the report. It shows thorough study and excellent planning. Strengthening and increasing the services as indicated in the manuscript is one of the most important phases of the program in the Pupil Services area.

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